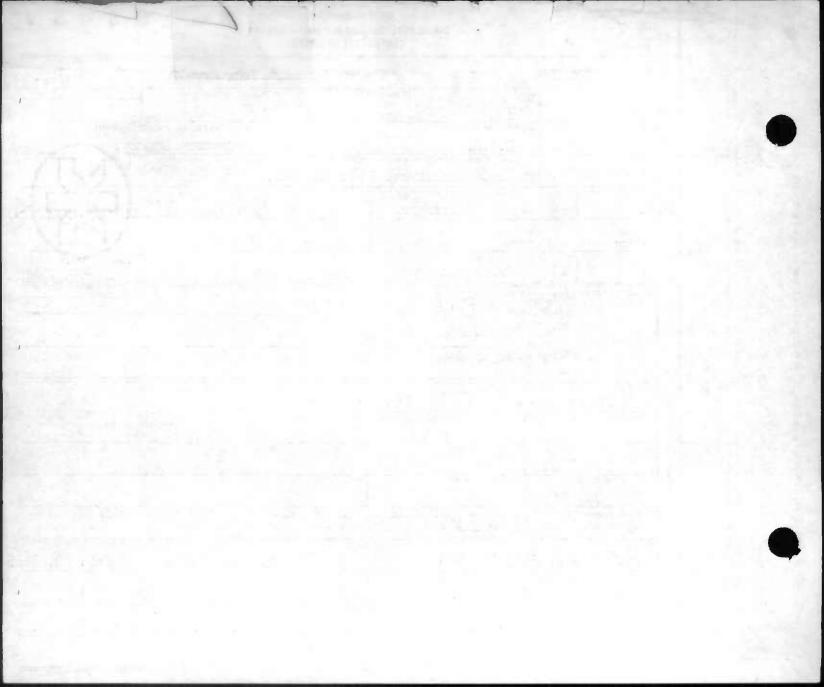
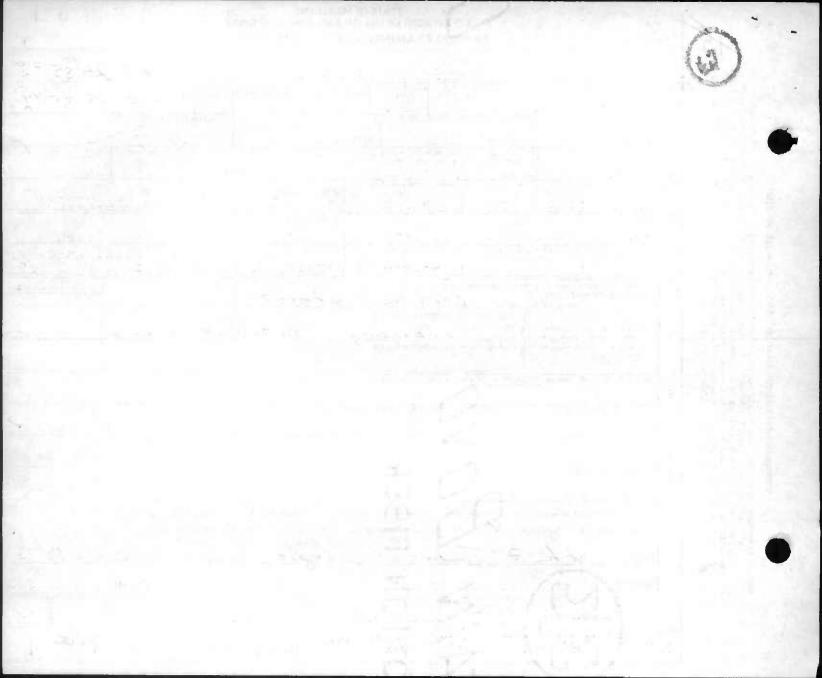
	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		5 4 5	9 ~
		OR PRINT) DOROTH	IY L.	ABR	RAMSON	February		75 HOUF 6:10	
	3 SEX	(4. RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIT	RIHDAY) IF UN	DER YEAR IF UNDER 2	A HRS
1.1		emale	White	May	24, 1914	70	YRS.		
12		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	D MEVER MARRIED	9 BALTIMORE CITY C			
/		rginia TY OR TOWN OF DEATH	U.S.A.	JRSING HOME		Montgomer	ION I	26 KIND OF BUSINES	MD SS OR
Pontile		evy Chase	Bethesda Reti	rement (& Nursing Ctr.	Homemake:		Home Home	
and I'm	USUA 130. S D.	AL RESIDENCE (IF NURSING HOME ITATE 136 COL		BEFORE ADMISSION) TOWN 18ton	13d INSIDE CITY LIMITS? YES X NO	130.STREET ADDRESS 2700 Newla	/ ZIP CODE	eet.N.W.	0015)
1/1/	14. FA	THER'S NAME	MIDDLE LAS	1	15 MOTHER'S MAIDEN NAM	ME		LAST	1-1
1			Gratt Lei		Susan	ADDR		White	
1)	160 V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 1166 SOCIAL DIVE WAR OR DATES! 578-10	SECURITY NO.	Irving Abrams			C. 20015	Inch
he m					TITATIS ADISH	SO(1; 2/00 NE	wiands	APPROXIMATE INTER	
en		PART I. DEATH WAS CAUS	anly one cause per line for ia , (I	-11M	ONIA			HETWEEN ONSET AND	
A D D		IMMEDI	ATE CAUSE (U)						
OHAC		Conditions, if ony, which	DUE TO, OR AS A CONS	PHY	SEMA			5 YR	,
		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF					
injury, or	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	1 N F	ARCT LO	MS	IDITION GIVEN	N PART Ita	
Ó	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES □ NO 🛣		ERE FINDINGS USED G CAUSES OF DEAT NO	H?
9	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1	OR PART ?)	
The state of the s	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION			COUNTY 5	TATE
3	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM ETC)	STREET	CITY OR TO	OWN	COUNTY	AIL
i			pital) attended the deceased (rom	4/261982	10 7/1	19_	8.5_, that (I) (v	ve) last
17		saw the deceased alive above, (1) (we) (did) (did	on (5) (5) (5) not) view the body ofter death.	.19	and that in (my) (aur) opinion	death accurred an the c	date and hour an		ted
Ten E		226 SIGNATURE	* D W 1		DEGREE ATTENDING	_ MEDICAL STA	\FF	22t. DATE SIGNED	1005
-	Į	Don'th	DISKUNG		PHYSICIAN L	DIRECTOR PHYSI	CIAN	Feb. 20,	1985
IMPORTANT		22d PHYSICIAN'S NAME (TYP			27e ADDRESS	A 01	01	261	
	-	1	KING, M.D.	00 11115 05	6000 Wisc.	Ave., Che	evy Cha	se, Ma.	
-	230.	Burial, cremation, remove Burial	2/22/85		David Memorial	Cdn :Falle	Church	Fairfax	la.
79			ANSKY-GOLDBI			E REC'D. BY REGISTRAL	R 256. REGISTRAR	'S SIGNATURE	
(7/84	1	170 Rockvill	e Pike; Rock	ville,		2 5 1985	Les Ki	4. 10. 0. 0.	
					-	~ min 6		THE PARTY OF THE P	7





ALTERNATION OF THE PARTY OF THE

DHMH - 17 (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND DEPARTMENT OF MEALTH AND MENTAL HYCIENE

- 1		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
		EASED NAME DR PRINT) Lea	Jeanet nette	te MIDDLE G.	ak	Akman	Feb- 27	1985 835 PM
3	3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1		Female	Wh:	ite	Marc		82	RS.
7		THPLACE (STATE OR FO	REIGN 7b. CITIZ	EN OF WHAT COUNTRY	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH
71		New York		U.S.A.	WIDOWE		Montgomery	County MD.
1	0 CIT	Y OR TOWN OF DEAT	H 11. NA	ME OF HOSPITAL, NURS	ING HOME C		126 USUAL OCCUPATION	12h. KIND OF BUSINESS OR
24	Be	thesda Mo	1,	OT IN SUCH FACILITY, GIVE STRE	Supur	han Hospital	Homemaker	INDUSTRY Home
	13a. ST		136 COUNTY	TITUTION, GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	CODE
5L			Montgome:	ry Rockvi	lle	YES NO	6121 Montros	Rd. 20850
1	4 FAT	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	LASP
4		Joseph		Frie	d	Celia		Schlesinger
- 1		AS DECEASED EVER IN	U.S. ARMED FO			17 INFORMANT	ADDRESS MA	aryland
	(10	No	(IF TES ONE WAR OR	089-09	-4566	Leonard Akma		Rd., Pikesville,
Г		18. CAUSE OF DEATH PART I. DEATH WA	(Enter only one co	ouse per line for (a), (b),		171		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			MMEDIATE CAUS	E(a) CONGLAT	Ive Hele	at taline		4days
ľ		Conditions, if any,	DU which	E TO, OR AS A CONSEC	JUSTU C	ulisvascular De	serie	-syens
1		gove rise to immi	ediate Du	E TO, OR AS A CONSEG				0
-		underlying couse	lost	(c)				
	,				O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
_	<u> </u>		ementix					
>	CERTIFICATION	190 DATE OF OPERATI	ON 196	CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
-3	ERT	21g. ACCIDENT WAS UNDE	RLYING 71b	TIME OF INJURY		21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	
		OR CONTRIBUTING C	SUSE OF DEATH HO	DUR A.M. MONTH				
	MEDICAL	(IF EITHER NOTIFY MEDICA		P.M. PLACE OF INJURY	19	211 LOCATION		
	WE	WHILE NOT WHILE	TAT	HOME STREET FACTORY OFFIC	E FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
	ŀ	7.5		nded the deceased from	2/27	19.85	10 2/27	19, that (1) (we) lost
-		sow the deceased	dolive on 2/	he body ofter death.	and the same	nd that in (our) opinion o	death occurred on the date one	hour and from the causes stated
		226 SIGNATURE	of tala non view ti	ne body offer deoffi.		DEGREE		22c. DATE SIGNED
		Mary	nerdo	~~	/	4) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-28-85
-	- [224 PHYSICIAN'S MA	ME (TYPE OR PRINT)			22e ADDRESS		
		PALLA	- 12-			2000 5	A. led and	4 / 7 1
		RAYMON	O BASS			3929 Ferrare	a Wheatm	nd 20906

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached far use as the burial-Itansit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

Adelphia

24 FUNERAL DIRECTOR JOSEPH GAWLET'S SONS INC. "5130 Wisc. Ave., N.W. Wash., D.C.

Sulia Davidson-Rande

'unil /1/1985 tour In no reserv Halmin Layland.
Lo end evilor's tour Inc.
10 i.c. vn., L.c. Nich., ...

	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0 5	6 3
		//	driana	J. J.	Ale	Alexandrou Xandrou	20 DATE OF DEATH MON	-28-8	5 440p M
	3. SEX	Female	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY		AYS HOURS MIN.
		1-	White	THE COUNTRY OF	Ar	or. 7, 1901	9. BALTIMORE CITY OR CO	YRS.	
-		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF W			D NEVER MARRIED	11/1/1/1	OMER	/
4	10 (1	Greece	Greec	-	WIDOWE	DIVORCED DIVORCED	120. USUAL OCCUPATION		MD. ND OF BUSINESS OR
2	1	Bethesda	Suhu Such	FACILITY GIVE STREET	ADDRESS)	ospital	Housewif	RKING LIFET INDUS	
5	13a S		NOTHER INSTITUTION, G NTY GOMETY	3c. CITY OR TOW Patomac	'N	13d. INSIDE CITY LIMITS? YES K NO	13e.STREET ADDRESS / ZIF		20854
	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST
5		George		Sapouna		Despina	1000500	Papani	colaou
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 1 VE WAR OR DATES)	66 SOCIAL SECU 231-70-1		Alexandros J	• Alexandrou		item13
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		ne for 191, (b), on		y Embolis	m.	BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	AS A CONSEQUI	my &	Estery Drs-	ease ling Disea	re	
	NO	PART 2 OTHER SIGNIFICANT	conditions con	14	LICC	ATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PAI	RT 1ro
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	N A	OPERATIO	M AS PERFORMED		b. IF YES, WERE FI CERTIFYING CAI YES	NDINGS USED USES OF DEATH? NO
1		21g. ACCIDENT WAS UNDERLY [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY.	HOUR A.M	MONTH)D	A YEAR		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PAR	17 2)
	MEDICAL	21d. INJURY OCC URRES WHILE AT WORK	21e. PLACE O	F INJURY ET, FACTORY, OFFICE	entmett	211 LOCATION STREET	A CITY OR TOWN	COUN	Y STATE
		22a.1 certify that (I) (this hosp sow the deceased alive or bove, (I) (we) (did) (did no	2/2	8 19	35.0	nd that in (my) (our) opinion	deoth occurred on the date of	ond hour and from	, that (I) (we) last in the couses stated
		TALIGNATURE C	Conon	م	n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		28 85
1		22d PHYSICIAN SNAME (TYPE	ORPRINT)	20		270. ADDRESS 2141 K S	TNW. D	E	20037
		BURIAL, CREMATION, REMOVAL (SPECEY) Burial	23b. DATE 3/4/85			CEMETERY OR CREMATORY f Heaven	23d LOCATION CITY OF TOWN Silver	pring	STATE STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
NAM 5130 WI Ave. NW Wash., DC 20016

MAR O 8 1985 RECHTHARD MARKET CHATURE

n riena J. lexen rou tro Loolin de en poundite deplement 9 100 Simple on cash continuents .L sometimes . 401-09-188 there are the S/e/ H etc. of emon .com the the contract SIJO NI AVE. IN MER. DO SCOLA

he funeral director, page 3 with 172 hours ofter death death certificate be executed within 24 hours afte TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and comments should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages it and a with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal. MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical permits. attending physician. TENDING etained by the haspital or

STATE OF MARYLAND

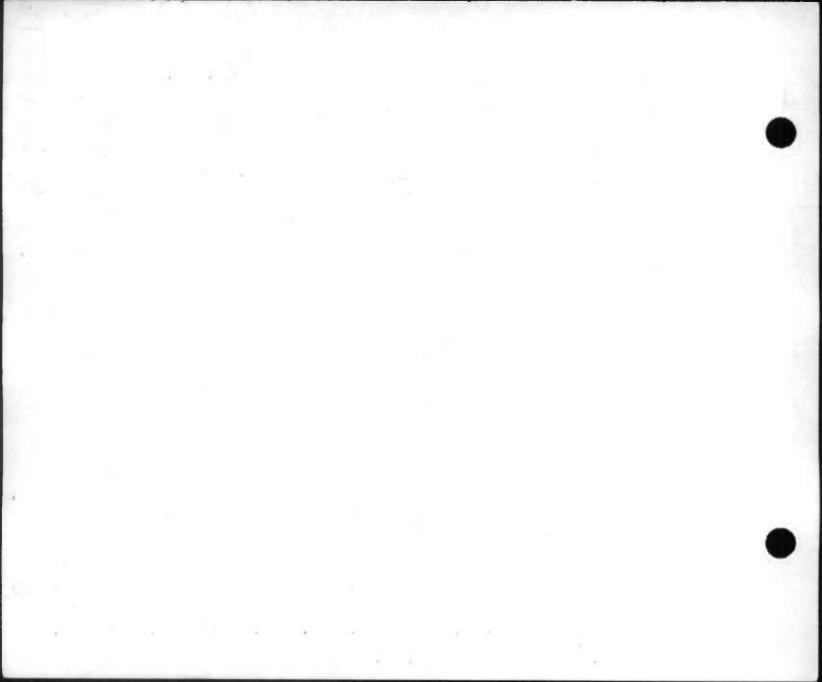
1.	FOR STATE REGISTRAR			DEPART		EALTH AND I			REG. NO.				Ė
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF D		DA	Y YEAR	2b HOL	
	VIRGINIA			C	A	LLEN		Feb.	12,	198	35	114	D. N
3. SE			4 RACE		5 DATE	OF BIRTH		6 AGE (IN YEAR	S LAST BIRTHDAY)		UNDER I YEAR	# UNDER	-
	FEMALE		CAUCAS	TAN	TANIIA	RY 11	1902	83	v	RS.	DAYS	HOURS	MIN.
7a. B	IRTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	-	XXX		9 BALTIMORE			OF DEATH		
	WASHINGTON	D. 0	. USA		WIDOW		VORCED	MONTG	OMFRV				ME
	ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	G HOME			120 USUAL OC	CUPATION		126 KIND O	F BUSIN	
	SANDY SPRI	NG		CH FACILITY, GIVE STREET NURS ING				H. Mak	er er	ING LIFE)	Home	е	
	AL RESIDENCE (IF NURS		OTHER INSTITUTION		EASHISTION!	1134 INSIDEC	one rayonese	1114 STREET AD	DREEF / TIP /	oone.	208	32	
	RYLAND			OLNEY		YES []	NO Trke	17804				16	
	ATHER'S NAME	MONT	COMERY				MAIDEN NA	ME		-1/1		10	
l m	LITAL		MEDIE	ADATEAT			1851		1000		(4)	ž.	
14-3	WIN WAS DECEASED EVER	IN U.S. AR	and the last of th	ARNEAL THE SOCIAL SECT	IRITY NO.	IT INFORMA			ADDRESS	LIND	LE		
ne	BET HO ON THENOMEN		of mak Date (1915)	Children Error Children		WITH DESCRIPTION							
\vdash				1,579-14-6	No.	L MEDICA	AL RECO	RRS			1 District	MATERIAL STATE	ev ki
	PART L DEATH W	AS CAUSE	лу они соили рег D BY:	r live for all its an	500	alasa	-	. V			SETWEEN	MATERIATE SMIET AND	DEATH
1	G-dispance		TE CAUSE IOL_	mo	N 20	Rallodo	M.	James		_	1	MM	-
			DUE TO: O	IK AS 4-EMPEQU	ENGE OF	1/1/		1			E 62/1	10	1
	Conditions, if any		(b)_	0	NW	MIC	tan				100	NA	1
	couse (o), stotic	ig the	DUE TO, O	H WE WATER	Bet of	7/	7		-		nee		3/
,	PART 2 OTHER SIGN	HEANTY	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE ERM	INALOISEAGLE	& conpulp	GIVE	NEW PAR III		
NO NO	LACO	nice	my la	o are	, Neg	4 1	40	00	00				
CERTIFICAT	19a DATE OF OPERA	TION	MIL COND	ITION FOR WHILE	OPERATIO	N WAS PERFO	RMED	YES AUTOR			WERE FINDING CAUSES		TH?
	21a, ACCIDENT WAS UNI	_		OF INJURY M. MONTH D	AY YEAR	21c HOW IN	JURY OCCUR	RED LENTER WATUE	E OF INJURY IN ITE	M IS PAR	OR PART 2)		
14	OR CONTRIBUTING		AIR	.M.	19								
MEDICAL	21d INJURY OCCUR	RED		OF INJURY		211 LOCATIO	NC		ITY OR TOWN		COUNTY		TATE
2	WHILE NOT WE AT WORK	HILE	(A) HOME SI	REEL PACTORY OFFICE	FARM EIC I	,			1 =		2 0		
	22a.E certify that (I)	(this hosp	talkatte ded th	ne deceased from	~ _	2/5	1872	to	3	_ 16	85	that (I) (we) los
	sow the deceas	ed olive or	view the body	190	2.0	nd that in (my)	tom obinion	death occurred o	in the date unit	hours	and from the	COVSES SE	uted
	226 SIGNALUII	H	View The Gody	A OTHER BEGIN.	de		ATTENDING PHYSICIAN I	MEDICAL	STAFF PHYSICIAN [7	2 PAR	3/8	5
	224 PHYSICIANIS N.	ME VIYPE	OR PR	Twa		27e ADDRES		777	246	,	Mal	1.	208
	, ,	1-	- Mile	10		11011	' ' '	1000	10.	1	0100	1 W	1 - 0
	BURIAL, CREMATION, (SPECIFY)		33F DAJE	73c		EMETERY OR		23d. LOCATE)	COUNT	1	STATE
24 -	CREMA	ATION	FEB.	13, 1985	Ba	lt. Was	h. Crei	m. Laur	el P	. G	orge	Md.	
74 F	UNERAL DIRECTOR						750. DAT	E REC'D. BY REC	ISTRAK 756 RE	SISTR	AK'S SELLAT	AKE?	

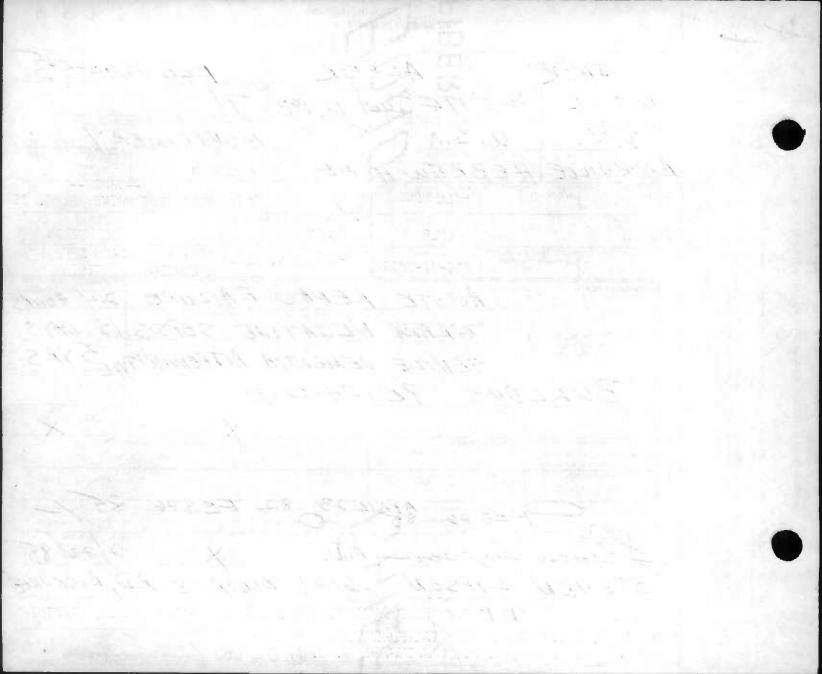
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

FRANCIS H. BARBER

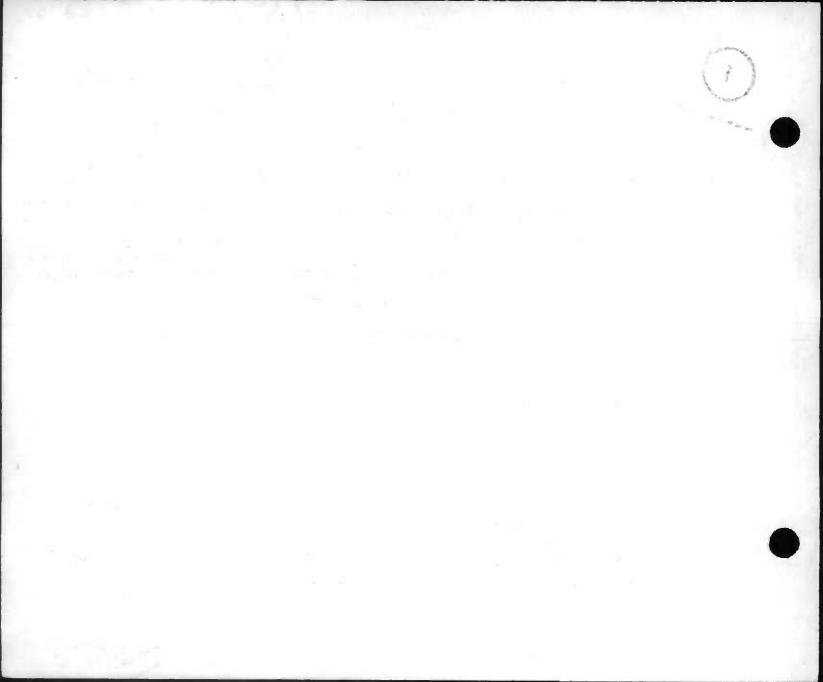
LAYTONSVILLE, MD. 20879 HEB 20 1985 Guia Davider Mondale



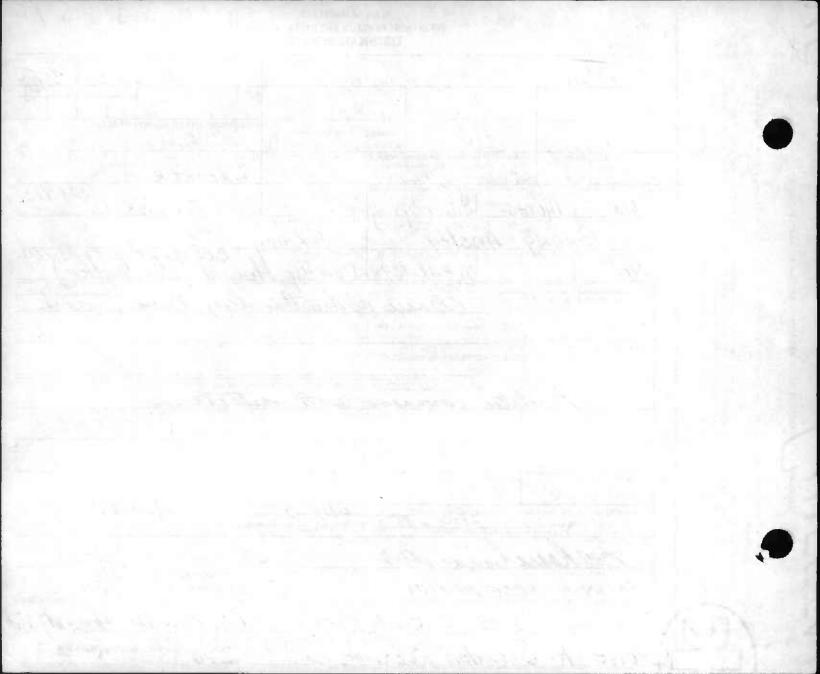


	1.5		1	STATE	DEPART		JIENE		
٠ -	_	- 1	-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO).	
	FF	N I	1. DÉC	CEASED NAME FIRST	MIDDLE	LAST			HOUR
9	- ¥) I	(TYPE	OR PRINT)	/	A so been be		2 24 85 1	555
à 1	0.0	/	-	Jarah	-	Thouse	6. AGE (IN YEARS LAST BIRT		UNDER 24 HRS
E	$oldsymbol{-}$	١ ١	3. SE)	1	I. RACE.	MONTH DAY YEAR	6. AGE (INTEARSTAST BIRT		OURS MIN.
9 0	0 0		17	emale	DIACK	Oct. 25, 1910	14	YRS	
0	7	63		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
oth.	2F 9	54	(OUNTRY)	1154.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Marshar	many.	AAD
e o	55 3	-	10 CI	Y OR TOWN OF DEATH	11 NAME OF HOSPITAL NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 126 KIND OF BI	USINESS OR
fe	23 6	1	2	24 - 1/2	IS NOT IN SUCH SACILITY, GIVE STREE	ADDRESS)	TYPE OF WORK EOR MOST OF		
0 \$2	24 0	90		OCKVINE	Shady Grover	aventist Hospit	4/		
Po.	5 M	201	U5U/	L RESIDENCE (IE NURSING HOME OF		RE ADMISSION) NN .# 13d. INSIDE CITY LIMITS?	134 STREET ADDRESS	ZIP CODE	
24	# P	200	117	d. Mar	Ha. Kacky	IP YES NO	107 Nort		0850
Ę.	> 4	ē —	14 FA	THER'S NAME	119. 111001	15. MOTHER'S MAIDEN NA		1	
3	and 2	50/		FIRST TOLL	MIDDLE / DOD LAST	FIRST	MIDDLE .	Bould LAST	
ted	0 -	N. W.		JOHN	LOGAN	V	ADDRE	0099	
Ceco	des des	00 /	16a. V		MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRE	557413 Bee De	ee pre
9	Pog	Ded /		No	220-26	4416 Koth Great	al dayahter]	ROCKUILLE 1	nd.
<u>م</u> پ	cio ers.	ê l		11 CAUSE OF DEATH :Enter or	also one owine neighborhood (b) on	nd (c))	7	APPECIX MAX	E BUTERVAL 67 AND DEATH
0	hys ovo	t)		PART I DEATH WAS CAUSE		inentiations	Annet	providence of the contract of	Listania de la constitución de l
ert	g p non	ě		IMMEDIA	TE CAUSE (III)	to trajector - of	11/200	92	
÷.	o or	į į			DUE TO, OR AS A CONSEQU	JENCE OF	a. 2000		
o e o	orte	50		Conditions, if any, which	(III) Trous	e / Wordship	June	CFL	
2	emo ma	£		gave rise to immediate cause to stating the	DUE TO, OR AS A CONSEQU	IENCE OF		12.0	
0	se r	othe othe		underlying couse last.	1 7mg	elle Verticul	4 Avento	mea	
4	pleo	Ö		DART 2 OTHER SICNIEICANIT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OF CON	DITION GIVEN IN PART 1(0)	
. S	sign en b	Č.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	BOT NOT KEERTED TO THE TERM	WINAL DISEASE ON COM	SHOW GIVE WAT ARE THE	
ba_	or T	<u> </u>	CERTIFICATION	cute un	uases		20g AUTOPSY?	20b. IF YES, WERE FINDINGS	CHICED
3		0	Q V	196 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPST	IN CERTIFYING CAUSES OF	
on on	t pe	SM demonstra	E				YES NO	YES [NO 🗌
- iois	ronsii	800	8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM IB PART I OR PART 2)	
A A	tific let	E		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
SK	orio	E /	S	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION			
PH PH	this he b	ō	MEDICAL		(AT HOME STREET FACTORY OFFICE		CITY OR TO	WN COUNTY	51 ATE
5 6	fter os tl	ax.		AT WORK AT WORK					
2 0	Se A	Ĕ			ital) attended the deceased from		-, to		it (we) lost
TTE	Por House	2		sow the deceased alive or	view the body ofter death.	and that in (my) (gur) opinion	death occurred on the do	ate and hour and from the cou	uses stated
A A	ed pt.	E B		22b. SIGNATURE	of view the body offer debin.	DEGREE		22c. DATE SIC	GNED
O e	Doch De	± ,		11/1 3	Alexandes m	ATTENDING PHYSICIAN	MEDICAL STAF	FF 2/26	155
TAL	RAL	ž—	-	Douglas 11		22e. ADDRESS	DIRECTOR PHYSIC	IAN	,,,,
HOSPIT	FUNE old be	¥ /!		27d. PHYSICIAN'S NAME (TYPE	OR PRINT)	2 MA (0/5 W. N.	10NT 88M	EXY AVE	
	should be deto	Q		7	· SHOMAL	, MA SACKVILL	6,170	20858	
ರ ફ	5 4 3	≦—	23a. 8	SURIAL TREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION		
D.D.				SPECULO	3-1-85 6	incolo Park Con	n. ROAN	ulle Monta	1771
BP.		-	24.63	NERAL DIRECTOR	10-7-00 M	1110111 17111 (67)	TE REC'D. BY REGISTRAR	75h DECISTRAD'S SIGNATUR	F 111 41
DHMH -	16 50M 4/	183	17	NAME OF THE PARTY	ADDRESS	2.000	8 1985 Julia		
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STATE OF MARYLAND



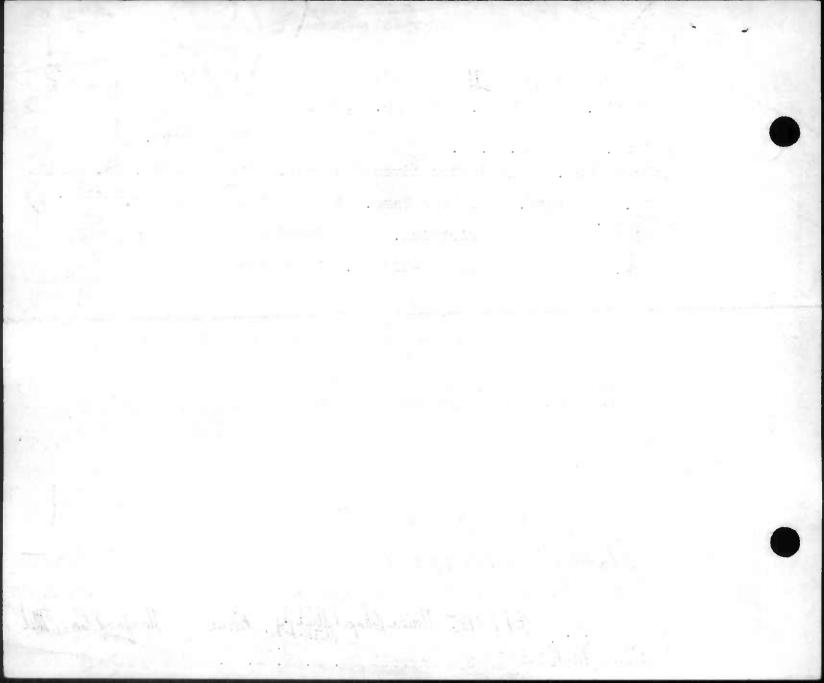
V	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 5 4 6 7 CERTIFICATE OF DEATH REG. NO.
e 4 moy be crtar, page 3		CEASED NAM	4. RACE ANDLE LAS! 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 20. DATE OF DEATH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 15. DATE OF BIRTH DAY YEAR MONTHS DAYS HOURS MIN.
death. Pog funeral dire- thin 72 hours	,	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED MENT SOME VY MD.
in 24 hours offer the in by the should be filed wife	S	IN OR TOWN O' BEATH ILL RESIDENCE (IF NURS CHOME C TATE 136. C00	(17 NOT IN SUCH FACILITY, GIVE FACE ADDRESS) (17 YOU IN SUCH FACILITY, GIVE FESTIVENCE BEFORE ADMISSION) OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
MARY omplete ond 2	lóa V		MIDDLE ANS LAST 15. MOTHER'S MAIDEN NAME FIRST UC MIDDLE STORES TO FOR THE WAR OR DATES) INFORMANT BOADDESS TO FOR THE WAR OR DATES.
es that the death certificate be that the other certificate be need by the other diagnospers. Unial, cremotion, or removal.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DOILY ONE COUSE PET line for (o), (b), and (c), ATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
Iow requires os been si permit. The prior to ws any injury	CERTIFICATION	196. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	
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A VOX ATTEN the hospital AL DIRECTOR, betached for us see Dept. of He T; if hem 21 is		sow the deceased alive a above, (1) (we) (did n 226. SIGNATU I	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ZIZO/65
TO HOSPI TO FUNE should be with the Si	23o. E	22d. PHYSICIAN'S NAME (TYPE BARRY N URIAL CREMATION, REMOVA	ROSE NISAUM KENSINGTON, MD. 20895
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24 54	PIERAL DIRECTOR P	Snowden Rockville, Md.



DHMH - 16 50M 4/83 (VRA 15, 4)

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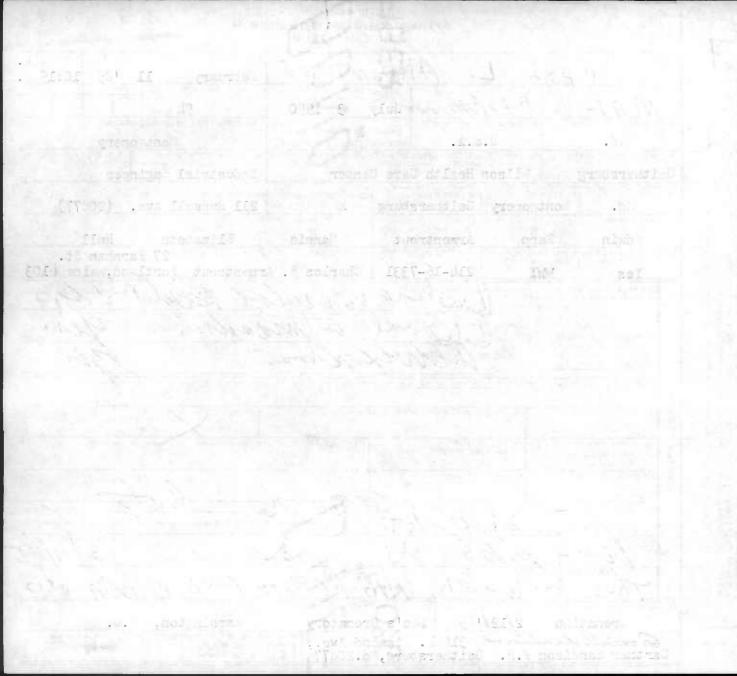
	1-	FOR STATE			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	5	0 5	a	0 0	
		CEASED NAME OR PRINTS	FIRST BAR		MIDDLE	· ·	POHER	20 DATE O	REG. NO. DE DEATH MONTH	DAY	YEAR	26. HOUR	
) SEX	Female.		4. RACE White		S. DATE O		74		MON!	HS DAYS	IF UNDER 24 HRS HOURS MIN.	
2	In	RTHPLACE ISTATE OR F COUNTRY) diana ITY OR TOWN OF DEA		II. S		WIDOWE WIDOWE	R OTHER INSTITUTION	Mo	ore city or count gomer;	у.	2b KIND OF	MD. BUSINESS OR	
Ļ	USUA	akoma Par	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	tist Hosp	1	heromon			Public	
<u>b</u>		Md.	Mon	g.	Takoma"	Park	YES NO NO 15 MOTHER'S MAIDEN		ropestan	COSE .	2	2912	
1	-	Will'am		MED FORCES?	Dietric		Kather:	ine	ADDRESS	Vhit	eside)	
		YES, NO OR UNKNOWN)		E WAR OR DATES)	213-38		A. Alfor	d Arch		sban		3e	:
		PART I. DEATH W	AS CAUSE	ly one couse per D BY: E CAUSE (a)	line for A), (b), on	estiv	e Heart	Facla	ie		bde.	ASET AND DEATH	
		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate g the	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUER AS A CONSEQUE	ENCE OF ENCE OF	leuta Ca	diovas	cular Da	COX	14	8cm	
	ATION	PART 2. OTHER SIGN	Jasi	coloc co	BIRG	15/	NOT RELATED TO THE TE PAUCE WAS PERFORMED	RMINAL DISEA			IN PART 110	CS HSED	:
1	CERTIFICATION					OFERATIO		YES 🗌	NON	YES [G CAUSES C		
7	MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIB	AUSE OF DEA	TH HOUR A.	M. MONTH D M.	AY YEAR	21c HOW INJURY OCC	URRED (ENTER		â.			
	WE	WHILE NOT WHAT WORK AT	INE 🗆	(AT HOME, STE	e despesed from	ARM ETC)	NOV, 19	/3 to	27 J	11/19_	COUNTY	STATE not the we last	
		sow the decese above (1) (vg.) (d 22b. SIGNA) (1)	ed olivion	View the body		, dii	d that in (my) our) opini DEGREE ATTENDING	MEDICA	L STAFF	d hour one	of from the co		
		224 PHYSICIAN'S NA	A. IS	PRINT) PRINT)	BA WID	757	PHYSICIAN 22e ADDRESS 5 6 PERUU	DIRECTO	Ta Dr. 1	SPE	· lotti	48 702	
1	23a. B	SURIAL CREMATION	NEWOVAL	Tab DATE	220	NAME OF C	MATERY OR CREMATOR	2Y 173da LO6	CATION	N/			i



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTIAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.	10 FUNESAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnol-training permit. Then please remove carbandapers Pages. I and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygrece prior to burnol, comparison, as removal.	IMPORTANT If hem 21 is marked as teen 18 shows any injury, or ather traumatic event, the medical resemble must be notified of once.
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BP_ DHMH - 16 50M 4/83 (VRA 15, 4)

					TE OF MARY AND	_ 8 5 0	5 4 6 9
	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH		
					LAST	REG. NO.	DAY YEAR 126 HOLLP A
		CEASED NAME FIRST	KL L	- ARM	ENTROUT	February 1	185 10:15 M.
	3. SE	MALE	1. RACE	Ari Ar Jul	of BIRTH DAY 1890	6. AGE (IN YEARS LAST BIRTHDAY) 94 YRS.	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
2	10 CI	ITY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSING HOME		120 USUAL OCCUPATION	IZE KIND OF BUSINESS OR
0	Ga	ithersburg		Health Care	Center	Industrial Engi	
1	UsU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	
2	1117.2		ntgomery	Gaithersburg	VES NO [211 Russell Ave	
10	14. FA	THER'S NAME	MOOR	180	15. MOTHER'S MAIDEN NA	ME micour	LAST
10		Edwin	Rapp	Armentrout	Nannie	Elizabeth	Hull
1		VAS DECEASED EVER IN U.5	ARMED FORCEST	146: SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 27 I	Farnham St.
		Yes	WWI	214-16-7331	Charles E. A	Irmentrout Port	Land, Maine Oh103
		II. CAUSE OF DEATH (Enti- PART I. DEATH WAS CA	tranly one couse per	ne for ioi, (b) and icy	1 Mandel	1 / What	ETWEEN CHOT AND DEATH
	(13)		DIATE CAUSE (0)	MINING	vouceur	m account	200
	1	The state of the s	OUE TO, P	AS ACONSEGUENCE OF	antine	destren	uen
		Conditions, if any, which gove rise to immediate		Ny.	, , , , , ,	C-pri-	P
		cause (a), stating the underlying cause last		the source	con son		Poln
9		PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	INTERNITING TO DEATH BUT	T NOT BELLETED TO THE TERM	INAL DISEASE OR CONDITION OF	AND MEAST NO.
	No	TART 2: OTHER SIGNAL CA	The conditions of the conditio	NAME OF THE OWNER O	THOU MEETINGS TO THE TERM	WAR DISEASE ON CONDITION OF	Co operation
1	CERTIFICATION	ISL DATE OF OPERATION	19L CONDI	TION FOR WHICH OPERATE	ON WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
4	TIFI	Dail Marin					S NO
9	CEB	THE ACCIDENT WAS UNDERLYING	1 Control 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FINJURY M. MONTH DAY YEAR	TIL HOW INJURY OCCUR	RED TENER NATURED WHEN IN THE 18	PART I OR PART 25
1	CAL	OR CONTRIBUTING CAUSE OF	A DEWIN			10. 10. 10.	
	MEDICAL	214 INJURY OCCURRED	21e PLACE C	OF INJURY	THE LOCATION	CITY OF TOWNY	MOUNTY STATE
	2	A) WORK AND MORE			100 -1	A s	-
		77= I certify that 1 (Min-	e on	10 1/1	and not in (my) opinion	death occurred on the date and ho	or and from the courses stated
'n		above of wer and id	d not view the bady	ofter depth/	DEGREE	The transport of the transport of	721 DATE SIGNED
	-	MA	1/10	6 70	ATTENDING	MEDICAL STAFF	12/11/83
T		774 PHYSICIAN'S NAME I	DA COMMO	41	THE ADDRESS IA	Means B	/ x
1		Thos 6	D- WA	RD, U//	B 110011	NILOGOV, KIL	NSUA 20817
		BURIAL, CREMATION, REMO	C4400000000000		CEMETERY OR CREMATORY	Z3d LOCATION / CITY DK TOWN	county state
	24.5	Cremation	2/12/		Crematory	Washington,	D.C.
	24 FL		ndison	316.E. Diam	ond Ave.	E REC'D. BY REGISTRAR 256. REGIS	IRAR'S SIGNATURE
	G	artner Sandis	on F.H.	Gaithersburg,	Md.20877 FEE	1 7 1000	



		FOR STATE REGISTRAR				CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		64	
		CEASED NAME OR PRINT) RO	OBERT	LEIT	TER AJ	RNOLD	AST	FEBRUARY	07 1985	25 HOUR 6:25	
3	SEX	ALE		A RACE CAUCAS	LAN	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IF UNDER 24 BAYS HOURS	
4	K	STHPLACE (STATE OR F	OREIGN	ONITED	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O MONTGOME	R COUNTY OF DE	ATH	
1	0 Cit	LIO IY OR TOWN OF DEA ETHESDA	(TH		HOSPITAL, NURSING HEACHTY GIVESTREET	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION RETTIRED	ON OF WORKING LIFE) IND	KIND OF BUSINESS	
1	13a S	L RESIDENCE (IF NURS TATE LRGINIA	13b COUN FAIR	OTHER INSTITUTION TY FAX	GIVE RESIDENCE BEFORE 134 CITY OR TOWN ALEXAND		13d INSIDE CITY LIMITS? YES NO	6331 COLET	TE BRIVE	23310	
1		THER'S NAME DMER	DAV	ID	ARNOLD		ORÁ	LENA		URDH'AM	
160 WAS DECEASED EVER IN YES				NED FORCES?	296-14-		DOROTHY MAY	ARNOLD AL	EXAMBREA	COLETTE VARIUE NDRIA, VA 2333	
	Z	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	nediate g the last	(b) DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN I	PART 1 o	
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USED CAUSES OF DEATH	
- 7		OR CONTRIBUTING	210. ACCIDENT WAS UNDERLYING 210. TIME O OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER, P.			Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PAR1 2)	
	MEDICAL	21d INJURY OCCURE	ILE 🗍	21e PLACE (OF INJURY BEET FACTORY, OFFICE, FA	ARM ETC }	211 LOCATION STREET	CITY OR TO		UNIY STA	
		220.1 certify that (1) sow the decease above, (1) (we) (c	(this haspited alive on a	07 FEB	RUARY 19 8	03 FI	EBRUARY , 19.85 and that in (my) (aur) apinian		RUARY, 19 <u>8</u> ate and hour and fo	, mor (in (inc	
		226. SIGNATURE	e 1	Phar	_ [1]	132	MO ATTENDING PHYSICIAN [MEDICAL STAI	e e	2/8/85	
1		22d FYN SICIAN'S NA		LT, MC	USNR	9	22e ADDRESS NAVAL HOSPI	TAL BETHES	DA MD	20814-501	
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(VRA 15, 4)

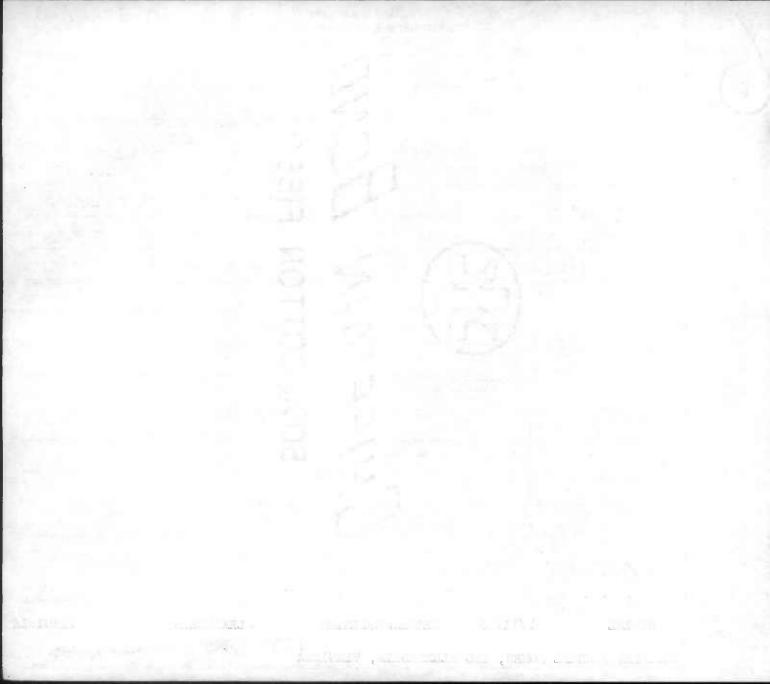
23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL BURIAL 2/11/85 BETHEL CEMETERY

ALEXANDRIA

VIRGINIA

DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA 24 FUNERAL DIRECTOR

23b. DATE



(VRA 15, 4)

		1 -	FOR STATE REGISTRAR	DEPAS	STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 5 4	/ 1
1/75	Ī		EASED NAME	and E	Arnold	ZN. DATE OF DEATH MO	2 22 85	IN HOUR
(系)	ı). SEX	Theles	RACE WE'T	5 DATE OF BIRTH	& AGE (IN YEARS LAST BRING)		F LPHOFE Z4 HRS. HOURS MAL
11 Psp	1	V.	THPLASE (SI-EX ON FOREIGN	TE CITIZEN OF WHAT COUNTR	Y? A MARRIED NEVER MARRIED	1 BALTIMORE CITY OR C		
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be ave on and n. Page w medic	2	14	AS DECEASED NER IN.U.S. ARA	100 DATES 579-18	1-8121 Kathleen (bruld. (13	e) %	ife!
rificate g physic bripape emo-al. event, th			III CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (a), (b): 5 BY: E CAUSE (a)	and iff - Palm	Fally	BETWEEN	MSET AND DEATH
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ie low re in. hos been permit. I sne prior	2	CERTIFICATION	10 38/84	196 CONDITION FOR WHI	CHOPERATION WAS PLAN OFFICE		Ob. IF YES, WERE FINDING CAUSES (
irSiCIAN. The ding physicions is certificate burial-transit Mental Hygies or term 18 sho	9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HOW INJURY OCCU			
PHYSICI, tending p t this cert the buriol: and Mento	/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	19 211 LOCATION SIREET	CITY OR TOWN	COUNTY	STATE
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OR ATTE ne hospite DIRECTO oched for Dept of			sow the deceosed olygonobove, (I) (we) (did void not	wew the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	27c. DATE S	
ITAL by th iRAL deto store	\overline{I}		224 PHYSICIAN'S NAME (TYPE OF	R PRINT)	220 ADDRESS	DIRECTION PHYSICIA	ND /	7
TO HOSP retoined I TO FUNE should be with the S	4	73e A	H.L. MAS	RTEL 1236 DAILE - 1 2 0 102	PO NAME OF CEMETERY DE CHEMA DE	172 BILLOCATION	my	
BP	ļ	1	HILL TANTION, REMOVAL	沙下省6.24 198	Cemetery	Chiarmest,		
DHMH - 16 50M 4/83	3	X	Total Wall	Ta komapores	Carroll St. Na DA	ME RECD BY REGISTRAR 251	I. REGISTRAR'S SIGNATU	JKE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

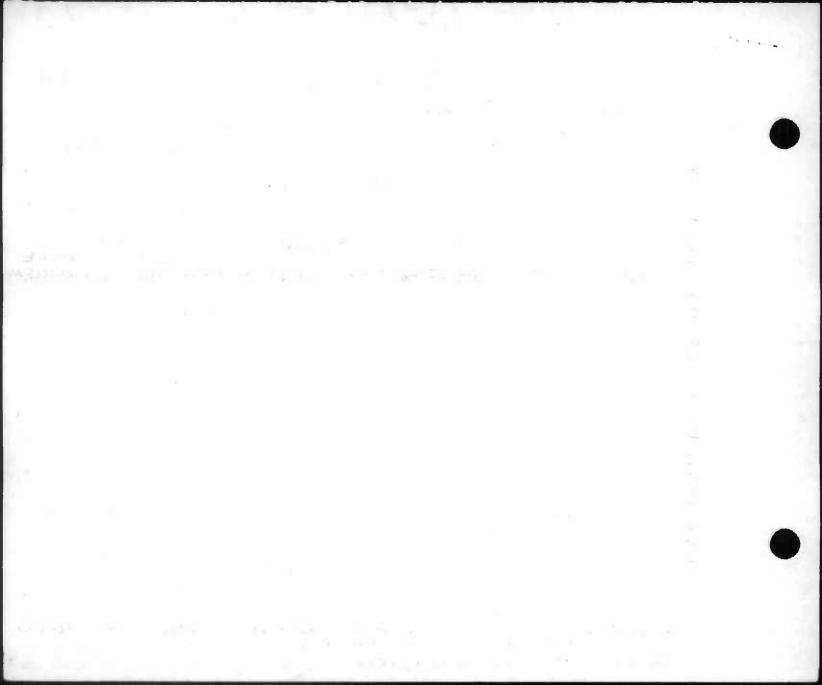
STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH				
1	1 DEC	CEASED NAME FIRST	1	MIDDLE		AST	REG. NO.	ONTH DAY	YEAR	2h HOUR
. 1	TYPE	OR PRINT) PATE		_		De. Mo			30	1000
	2 553		4 RACE		5. DATE O	C DIDTH	6 AGE (IN YEARS LAST BIRTHD	2 25 8	RIYEAR	IF UNDER 24 HRS
) I	3 SEX	Ma	T		MONTH	DAY YEAR		MONTHS		HOURS MIN.
1		MALE		NOINA	16	08 63	21	YRS		
19		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR			
42/	-	Jew York,	U:	QΑ.	WIDOWE		MONTA			· ·····
ಿಂದ	0	TY OR TOWN OF DEATH	. (IF NOT IN SUC	H FACILITY, GIVE STREET A		R OTHER INSTITUTION	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF W	ORKING LIFE) IND	KIND OF USTRY	BUSINESS OR
22	K	ockville /	SHADY		DVEN	TIST HOSPITM	NON	E		
サデ	HE U.	AL RESIDENCE HE NURSING HOME OF	NIY	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE		
5.5		MD. MON	TOMERY	ROCKUIL	LE	YES 🚺 NO 🗌	2308 GLOWM	DRE TE	R,	20850
2	14. FA	THER'S NAME	MIDDLE	TAST		15 MOTHER'S MAIDEN NAM	ANDONE		1451	
(Ba)		HANSRAJ	G.	ASHAR		Kusum	Model	SAM	PAT	-
30		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS	2308 (3681	MORE
aed.	(1	NO (IF YES, GI	VE WAR OR DATES)	215-80-6	1607	HANSRAJ (3. ASHAR	TERR.	Rac	LLVILLE
₽ N		18. CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and	icsi					ATE INTERVAL NSET AND DEATH
C ent		PART I. DEATH WAS CAUSE	TE CAUSE (D)	9 of B	nac			100	40	12 200
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ow L		Conditions, il ony, which	1	R AS A ONSEQUE	NCE OF					
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اچ کے	Z O									
À S	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob IF YES, WERE		
i di	Ä		4				YES NOT	N CERTIFYING (CAUSES	NO
***	CER	21g. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURE			PART 2)	
E-C		OR CONTRIBUTING CAUSE OF DE		m, month da m.	Y YEAR					
S S	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION				
Thed T	¥	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY, OFFICE FA	IRM, ETC)	STREET	CITY OR TOWN	CO	UNIY	STATE
marked 2		27a.1 certify that (I) (this-hosp	tell attended th	e decepsed from		1981 19 85	to 2/2	19	J 1	nat (I) (we) lost
2 J		sow the deceased alive or above, (I) (we) (did) (did as	- /		25 on	d that in (my) (our) opinion (death occurred on the date	and hour and fi		
E W		22b SIGNATURE	at) view the body	otter death.	[DEGREE		22	DATES	IGNED
=C		X-	A	Roma Col	any.	ATTENDING PHYSICIAN	MEDICAL STAFF		2/	25/97
Z-		22d PHYSICIAN'S NAME (1991)	SH FRIENDS			22e ADDRESS	DIRECTOR PHISICIA	10		
MPORTANT:		Chr	701	1000	d	12105	Darges to	ا رساد	N	GAITT
W W	22- D	UIDIAL COSMATION DEMOVA	In Daret	() 12: N	AME OF C	EMETERY OR CREWATORY	1234 LOCATION			
	3	BURIAL, CREMATION, REMOVAL		CO. CO.	AME OF C	EMETERY OR CREMATORY	CITY OR TOWN	COUN		STATE
-	24 EI	REMATION UNERAL DIRECTOR (2088	26,1	4 82 CE	DAR	HILLCREMATI	E REC'D. BY REGISTRAR 251		MACE STONIATE	
4/83	14 1	I NAME		JUMPH ADDRESS		TMAR		L REGISTRARS		Talle !
	-	lomes, P.A.	12021	KUILL 4	M	(2)	A MARA		-	1

DHMH - 16 50M 4/83

(VRA 15, 4)

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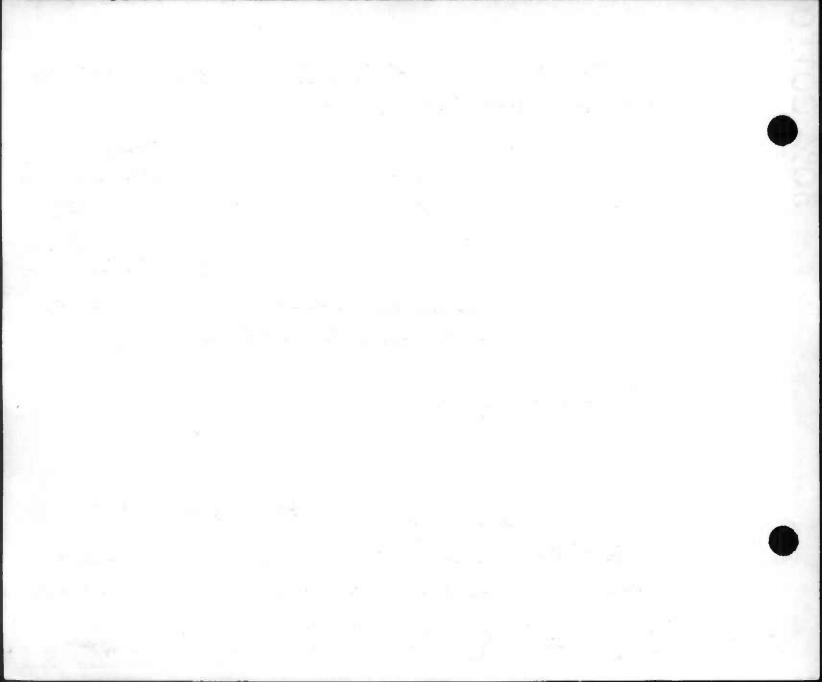
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oge 3			CEASED NAME OR PRINT) DA	VII)	MIDDLE	A	TLAS	20. DATE	OF DEATH	b 2	1985 La 1985	7 PMM
ector. do		3. SE	MALE	=	RACE	ITE	5. DATE		6. AGE	83		F UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
ol dir	Cyl	- 0	RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF		TRY? 8 MARRI	D NEVER MARRIED		MORE CITY O			
fune thin 7	1		SSIA TY OR TOWN OF DEA	714	U.S.A		WIDOW	ED X DIVORCED (tgomery			MD. BUSINESS OR
by the	9	Ro	ckville	E	Hebrew	HEACILITY, GIVES	f Great	er Washington	(TYPE OF V	WORK FOR MOST O	F WORKING LIFE	E) INDUSTRY	Gov't.
filled in	36	13a. S	AL RESIDENCE (IF NURS) STATE ryland	13b. COUNT		13c. CITY OR ROCKV.	TOWN	13d INSIDE CITY LIMITS:	? 13e STRE 612	et address /	ZIP CODE	oad (20)	852)
etely \$ 2 sh	16	14. FA	THER'S NAME FIRST		NDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
omplo l	18-11		Max			Atlas		Ida				(Unknov	
Poges	medico	0	VAS DECEASED EVER VES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	060-09	9-3876	Ilene Blitz	;11216			land 20 Place;	
hysicio	ovol.		18 CAUSE OF DEATH PART I. DEATH W	1 (Enter only	y one couse per	line for (0), (b	ol, ondigeral .	Cana	1-			APPROXIM BETWEEN OF	NATE INTERVAL BUIL
d Bui	ic eve			IMMEDIATE	CAUSE (a)	car	diac	Corner ,				men	neley
ottend	otion, o roumal		Conditions, if any,		(b)	arter		Perotic Hea	st D	esease	2	4RS	-
by the	ol, crem		couse (a), stating underlying cause		DUE TO, OF	R AS A CONSI	EQUENCE OF						
signed hen ple	to buric	Z	PART 2 OTHER SIGN	1	ONDITIONS CO	ONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TE	ERMINAL DISE	ASE OR CON	DITION GIV	EN IN PART 110	
has been permit. T	prior	CERTIFICATION	190 DATE OF OPERAT		196 COMD	ION FOR W	HICH OPERATION	ON WAS PERFORMED	20a A	UTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES O	GS USED OF DEATH? NO
rtificote al-transit	tol Hygin		210. ACCIDENT WAS UND OR CONTRIBUTING	AUSE OF DEAT		M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTE				МО
ir this ce the burid	ed on the	MEDICAL	(IF EITHER NOTIFY MEDIC 21d, INJURY OCCURR WHILE NOT WH	ED	21e PLACE (FICE, FARM ETC)	211 LOCATION STREET	-	CITY OR TO	WN	COUNTY	STATE
R: Afte	Heolth is mork		22a.1 certify that (1)	(this hospite	al) oftended the	e deceased fr	0- /	119 19 8	3 to	2/26			hot (It (we) lost
RECTC ed for	pt. of em 2 l		saw the decease obove, (1) (we) (d	d olive on_ id) (did not)	view the body	ofter death	19.85	nd that in (my) (our) opini	on death occ	urred on the do	ote and hour	r and from the co	
AL Di	of Fire De		H	73		ch	- Te	ATTENDING PHYSICIAN		AL STAF		2/20	185
FUNE ould be	th the 5 PORTA		R.P. Delane	1	Ti Ben	ACK	MO	172 ADDRESS 4/15 Colis	ē DA	- Wh	eal	on mo	120906
5.3	131		URIAL, CREMATION,		23b DATE			EMETERY OR CREMATOR	RY 23d. LC	OCATION CITY OF TOWN		COLINITA	STATE
		В	urial	-	3/1/85		Cedar	Park Cemeter	v Pa	aramus.	New.	Jersey	JIAIL
16 50/ A 15,	M 4/83	24 FU	JNERAL DIRECTOR D 70 Rockvil	ANZANS	SKY-GOL	DBERG N	MEMORIA Md 2	CHAPELS 250.0	OS TO	Y REGISTR AR	256. REGIST	RAR'S MANAGU	38L
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME 26 HOU PAULINE WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED . DIVORCED Home 6121 Montrose Road (20852) Rockville Maryland Montgomery YES A NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE (unknown) George Fishman Rachel. Arlangton, Va. 22202 166 SOCIAL SECURITY NO. 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NO Bernard Auerbach: 1600 S. Eads Street, #1205S; 578-50-6388 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)
PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATORY IMMEDIATE CAUSE (a HEART DISEASE Canditions, if any, which gave rise to immediate cause (a), stating the HYPERTENSION 20 underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? NOK YES [

71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)

21d. INJURY OCCURRED 21s. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NO! WHILE

211 LOCATION CITY OF TOWN COUNTY

220.1 certify that Withis haspital attended the deceased from saw the deceased alive an_ and that in (ay) (aur) apinion death occurred an the date and hour and fram DEGREE

22d. PHYSICIAN'S NAME LITYPE OR PRINTS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MONTROSE RD ROCKVIL

STATE

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Mt. Hebron Cemetery

Flushing: LI: New York

14 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC'D BY BEGISTRAR 25). REGISTRAR'S SIGNATURE 1170 Rockville Pike; Rockville, Md. 20852

DHMH - 16 50M 4/82 (VRA 15, 4)

PRINCIPLE PROBLEM FROM THE STATE OF THE STAT 25 128 11 1128 344 11 374434 ENSSITE MES IN MONTSONERY STATE OF THE STATE S ALLE Man the military of the way the text STEVERS LITERAL LAST SHEETER SEE LEKERSHEE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carban-pages 1 and 2 should be filed within 72 hours ofter details and the filed within 72 hours ofter details and Mental Hygiene prior to burial, cremation, ar removal.
IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exertines mit the paritified of data

BP_____ DHMH - 16 50M 4/83

(VRA 15, 4)

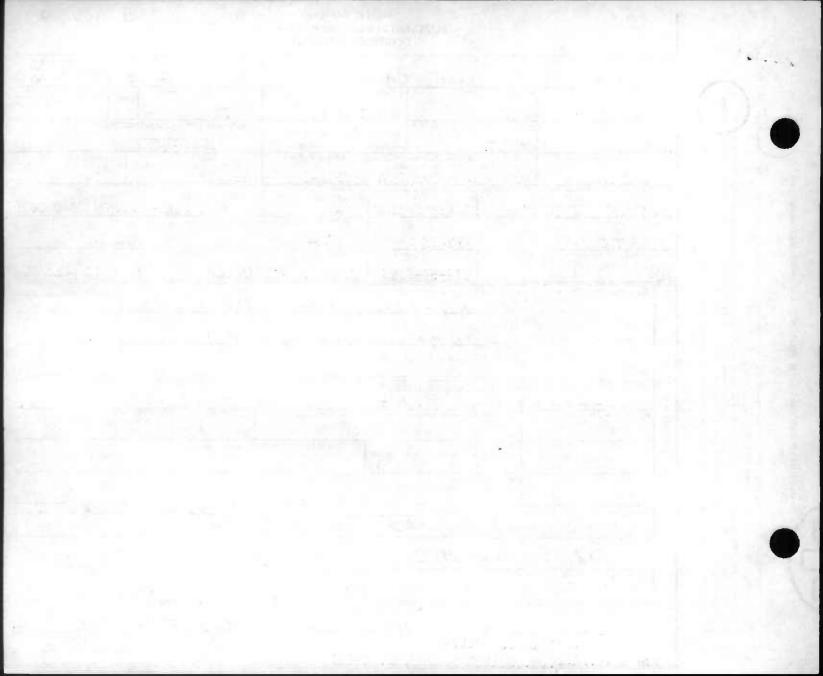
	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								3		
			dward /	Aure Aure			20. DATE OF DEATH MONTH DAY YEAR 26. HOUR					PM		
-1	3 SEX		4_RACE		5. DATE C		YEAR	6. AGE (IN YE	ARS LAST BIRTI		IF UNDER TYEA		ER 24 HRS	
		Male		White			1909		5	YRS				
		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTR	Y? 8 MARRIEI	NEVER MAI	RRIED 🗆	9. BALTIMO			OF DEATH			
-		Wash., D.C.		S.A.	WIDOWE	D DNO	RCED 🗌		stson				MD.	
	10. CI	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (If YOU IN SUCH FACILITY, GIVE STREET ADDRESS) (If YOU IN SUCH FACILITY, GIVE STREET ADDRESS)								126. KIND INDUSTRY	1			
		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,		ORE ADMISSION)	13d. INSIDE CITY	LIMAITS 1	13e STREET A		7IP CODE				
			gomery	Rockvi			0 🗆	10401			r Plac	e 20	852	
7	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S M		\E	WIDDLE			AST		
			C	Ayr	e	Elizabeth					He	owson		
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRES	S Pot	omac,	Nd.		
	- {1	No No	VE WAR ORDAIES)	578-30	-9402	Edward	R. Ay	re. 81	12 Ga	insbr		XIMATE IN		
	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OF CONDITIONS CO	RAS A CONSEC PULMO RAS A CONSEC MYOCA DITRIBUTING T							'EN IN PART			
7	CERTIFICATION	IN DATE OF OPERATION	196 CONDI	The Condition for which of that is									ING CAUSES OF DEATH?	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJU	RY OCCURRE	ED (ENTERNA)	URF OF INJUR	Y IN ITEM 18 F	PARTIOR PART?			
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY REET, EACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET			CITY OR TOV	AM	COUNTY		STATE	
		270 I certify that (f) (this hospital) attended the deceased from 2 19 19 19 19 19 19 19 19 19 19 19 19 19										e couses		
1		DEGREE MO ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 224. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS								2/	SIGNE	81		
		ALAN S. C	HANAC			9410 0		EDRGET		RO	BET	1455	DA	
	23a. 8	BURIAL, CREMATION, REMOVAI (SPECIFY) Cremation	23b. DATE 2/15/8			EMETERY OR CRE		23d LOCA	tland		aryla:	ıd	STATE	
	24. FU	UNERAL DIRECTOR Joseph NAME 5130 Wisc.					250 DATE	REC'D. BY R	GISTRAR 6	rsb. REGIST	PAR'S SIGN	TURE		

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
BP.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	12
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral firecter, possibled by detacked for use as the buriol-transit permit. Then please remayer corbon papers. Pages 1 and 2 should be filled within 72 to the should be detacked for use as the buriol-transit permit. Then please remayer corbon papers. Pages 1 and 2 should be filled within 72 to the should be detacked for use as the buriol-transit permit.	15.3
	with the State Dept. of Heelin god Method I have not injury, or other troumptic event, the medical examiner maybe notified about	-

DHMH - 16 50M 4/82 (VRA 15, 4)

	1-	FOR STATE		DEPART	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0 5	4 7	6	
3		REGISTRAR CEASED NAME FIRST OR PRINT]	MIDDLE LAST				REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
		CATHER	NE 1	JARY.		SALMASSY		2 3	85	5 pm	
	3. SEX	(4. RACE	Tarring S	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF U		FUNDER 24 HRS	
1	3	FEMALE	WHITE			24,1912	72	YRS.			
	Ja. BI	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY		DEATH		
1		NGARY	CANADA		WIDOWE			GOMERY		MD.	
	TA	TY OR TOWN OF DEATH	WASHING	TON ADVEN	ITIST	HOSPITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIFE		12b. KIND OF E	BUSINESS OR	
	13a. S MA	AL RESIDENCE (IF NURSING HOME OF ITATE 136, COUI		SILVER SP	N	13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NAM		INEY BRA	ANCH RO	AD 20901	
Y		ANTHONY	MIDDLE	GYURIS		VARAO	MIDDLE		ZALATĂ		
1		VAS DECEASED EVER IN U.S. AF	MED FORCES?	218-56-6	7 / 3 / 1	JOHN A. BACS	SALMASSY		AS 13 H	IUSBAND	
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) CARCINOMA OVARY DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CARCINOMA BONE, RENAU FAILURE 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?									
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	YES DRY IN ITEM 18 PART		NO []	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, FA	19 ARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE	
		220.1 certify that (1) (this hospital) attended the deceased from									
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	umb	3, 1	ATTENDING PHYSICIAN	MEDICAL STA		2.4	1.85	
	22- 0	M SNO	W, M	,D,	IAME OF C	9013,FL	23d LOCATION	TYEMO	20	961	
	(BURTAL, CREMATION, REMOVAL SPECIFY) **RURTAL**	23b. DATE 2/6/8			EMETERY OR CREMATORY F HEAVEN	SILVER S	PRING	TNOM	STATE MD.	
		INERAL DIRECTOR FRANCE	_	DLLINS ORESS	MD	CCD	FREC'D. BY REGISTRAR		dson-pan		
		W. WILLANDEAN	$W \rightarrow V \perp V \downarrow$	V DIVING	IVIII.	- V / V]	,				



R	DEPARTMENT
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO).		
Ì	1. DECEASED NAME FIRST (TYPE OR PRINT) ELWOOD	R MIDDLE B	AINBRI	D (-6	20 DATE OF DEATH	MONTH DAY YE		
ŀ		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRT			M
ı	3 SEX		MONTH	DAY YEAR		MONTHS E	DAYS HOURS MIN	i.
1	MALE 70. BIRTHPLACE (STATE OR FOREIGN	CAUCASTAN 76. CITIZEN OF WHAT COUNTS	SEPT	/1/	89 9 BALTIMORE CITY OF	R COUNTY OF DEAT	H	_
ı	COUNTRY		MARRIED		MONTGOM	-		4.0
4	PENNSYLVANIA 10. CITY OR TOWN OF DEATH	U.S.A.	WIDOWED		120 USUAL OCCUPATION	ON 12b. KII	ND OF BUSINESS O	AD.
/	TAKOMA PARK	8018 BARRON			(TYPE OF WORK FOR MOST OF			
4	USUAL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		ACCOUNTANT	age (NSBURGHS	_
7		GOMERY TAKOMA		YES XX NO -		RON STREE	T 2091	12
1	14. FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
1	CHARLES	BAINBR		CARRIE	ADDRE	22		_
1	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		17 INFORMANT DAUGH	HTER TRT	^{\$\$} 3,BOX 367	,	
١	The state of the s	WW I 578-03-		BETTY B. HUM	MMER MECH	HANTCSVILL	E.MD. 2064	
1	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse per line far (a), (b)	O da (1)	A OF CE	CILIA	BET	WEEN ONSET AND DEATH	4
1	IMMEDIA	ATE CAUSE (a)	CACOM	AF OI CIC	carry		1000	_
١		DUE TO, OR AS A CONSE	QUENCE OF					
١	Conditions, if any, which gove rise to immediate	(b)						_
1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT Ita	
	3 ANTAMOSCUA	exour HRAR	T D13	SKASZ, OC	-U CVA	157)		
١	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F		
	541175				YES NO	YES 🗍	NO 🗌	_
r	OR CONTRIBUTING CALISE OF D		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR PA	RT 2)	
1	(IF EITHER NOTIFY MEDICAL EXAMIN		19	211 LOCATION				_
	21d INJURY OCCURRED	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN COUN	STATE	
	AT WORK AT WORK	pital) attended the deceased fro		1077	10 2/1	5 10 8	that et (we) h	ast
	saw the deceased alive o	415		id that in (py) (our) opinion (death occurred on the de	ate and have and ho	m the causes stated	
	above, (1) (wested by) (did n	not) view the body after death.		DEGREE		226.	DATE SIGNED	_
1	Cas	3		ATTENDING PHYSICIAN	MEDICAL STAI		16+1	
	221 HYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS / ZD	Kens Tim	DRI	(5)	
	FORLA, 14	1SKW, Ruy	2	- ROCKU	uch, 1	16) 20	858	
	23a. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
	CREMATION	2/17/85	METROPO	DITTAN CREMATO	DRV ALEXAN		VIRGINIA_	_

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this central should be detached for use as the burnal-the state Dept. of Health and Merting MADRIANT: If them 21 is marked on them

TO HOSPITAL OR ATTENDING PHYSICIAN, The law

etoined by the hospital ar atte

FUNERAL DIRECTOR FRANCIS J. COLLINSRESS
OO UNIV. BLVD. W. SILVER SPRING, MD. 20901

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEATH

REG. NO. 2n. DATE OF DEATH MONTH 2b. HOUR February 16, 1985 11:32 pm 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Montgomery 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Casket Mfg. Funeral 13e.STREET ADDRESS / ZIP CODE 20832 17905 Overwood Dr. Church ADDRESS 7905 Overwood Dr. Olney, Md/ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NO YES [

REGISTRAR DECEASED NAME FIRST MIDDLE TYPE OR PRINT FRANK P. BAKER 4. RACE 5. DATE OF BIRTH 3 SEX MONTH DAY White Male 1898 January 5 TO. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New Hampshire U.S.A. DIVORCED WIDOWEDK O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Montgomery General Hospital Olney USUAL RESIDENCE (IF NURSING HOME PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

130. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 01nev YEST Montgomery 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Baker Lettia Oswald P. 17. INFORMANT 66 SOCIAL SECURITY NO Lois 018-05-6192 Taylor, daughter No 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ic PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A PONSEQUENCE OF ouna Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTHEY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the declared from and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated saw the deceased alve and obove, (4) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ATTENDING 22d PHYSICIAN'S NAME LTYPE OF PRINT 13975 Connecticut Ave Alan Cohan Silver Spring, Md. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE cremation Lee's Crematory 2/18/85 Washington

DHMH - 16 60M 7/84

ld be deto MPORTANT:

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(VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

11800 New Hampshire Ave. Hines/Rinaldi F.H. Silver Spring, Maryland

EED

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Miller Randelle

Femore 15, 1935 113, 22

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TO HOSPITAL OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 4/83 (VRA 15, 4)

ned by the attending physician and campletely filled in by th please remove carbanpapers. Pages 1 and 2 shauld be filed

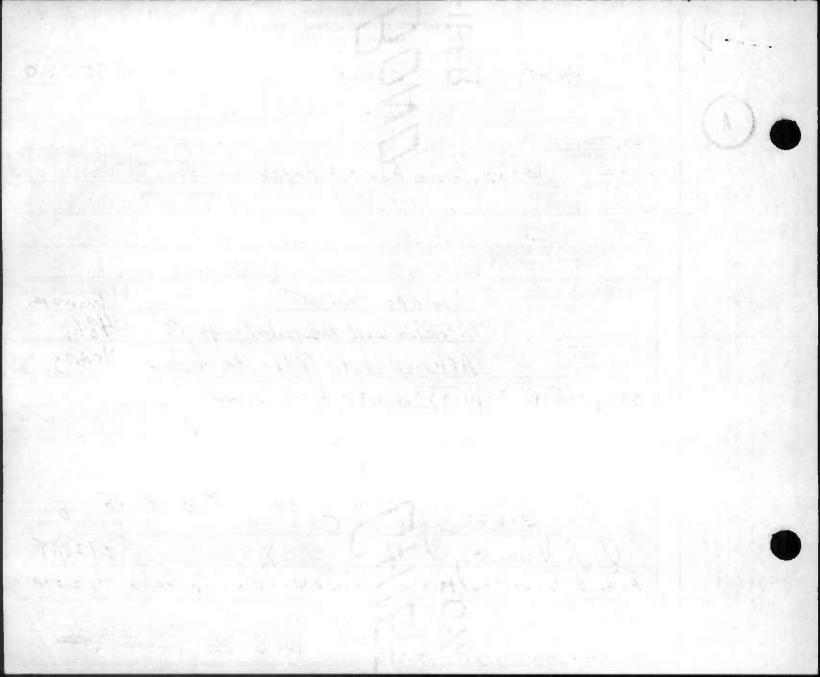
IMPORTANT: If Hem 21 is marked ar Hemal 8 shaws any injury, ar ather traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriah-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL	HYGIEI	NE 8 3	U	5 4	1	7
		CEASED NAME OR PRINT)	le le		IDDLE	Bal	Ker	2	e. DATE OF DEATH MO	NTH DA	8 85	26 HOU	1R 240m
	3. SEX	x Female		RACE Caucas	ian	5. DATE O	DAY YEAR		AGE (IN YEARS LAST BIRTHDA		ONTHS DAYS	IF UNDER	MIN.
1	F	RTHPLACE (STATE ORF.			State:	8.	□ NEVER MARRIED	· 🗆 9	BALTIMORE CITY OR C	OUNTY		No.	MD
3	Ja CI	ckville		1. NAME OF H		NG HOME C	entist Hosp	1 1	ON USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO Salesperso	ORKING LIFE)	126 KIND O		SSOR
5	13a. S Ma	ryland	13h COUNT		dive residence before 13c. CITY OR TOV	VN	13d. INSIDE CITY LIMIT YES 📉 NO 🗌		304 Monro	P CODE St:	reet/	2085	50
1		Frank	C.	IDDIE	Perrel		Marth		Jane		Cart		
1		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		WAR OR DATES)	166. SOCIAL SECT 217-14-		Helen L.	Fi	tzsimmons.	sar	ne as	#13	3
		18. CAUSE OF DEATH W Conditions, if any, gave rise to imm cause (a), statin underlying cause	AS CAUSED IMMEDIATE which nediate g the	BY: CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE AS A C	MENCE OF W.	Anness M Myoca ratic CAR		Ilifords		APPROXI BETWEEN M 48	he was	
2	CERTIFICATION	PART 2 OTHER SIGN	जय) 54	DATRIBUTING TO	onte	THE LINE		AL DISEASE OR CONDITI	b. IF YES,	WERE FINDING CAUSES	IGS USE	TH?
1	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT (AL EXAMINER) (RED	P.A 21e PLACE C	M. MONTH D M.	PAY YEAR 19	211 LOCATION STREET	CCURREE	CITY OR TOWN	ITEM IS PAR	COUNTY	5	STATE
		220. I certify the (f) saw the decease abave, (I) (we) (c) 22b. SIGNA	(this haspite	Feb 7	-719	00	d that in (my) (our) api	union dec	oth occurred on the date	ond hour		that (1) (couses sto	
		22d. PHYSICIAN'S WAR			My MO	\W\ :	ATTENDING PHYSICIAL 220 ADDRESS	AN A	MEDICAL STAFF DIRECTOR PHYSICIAN	AND	12/	200	78
	23a. E	BURIAL, CREMATION,	REMOVAL	236. DATE M:	arch Pa		emetery or cremato		Rockvill	e, N	dary1	and	STATE

Homes, P.A. Rockville, Maryland 20850

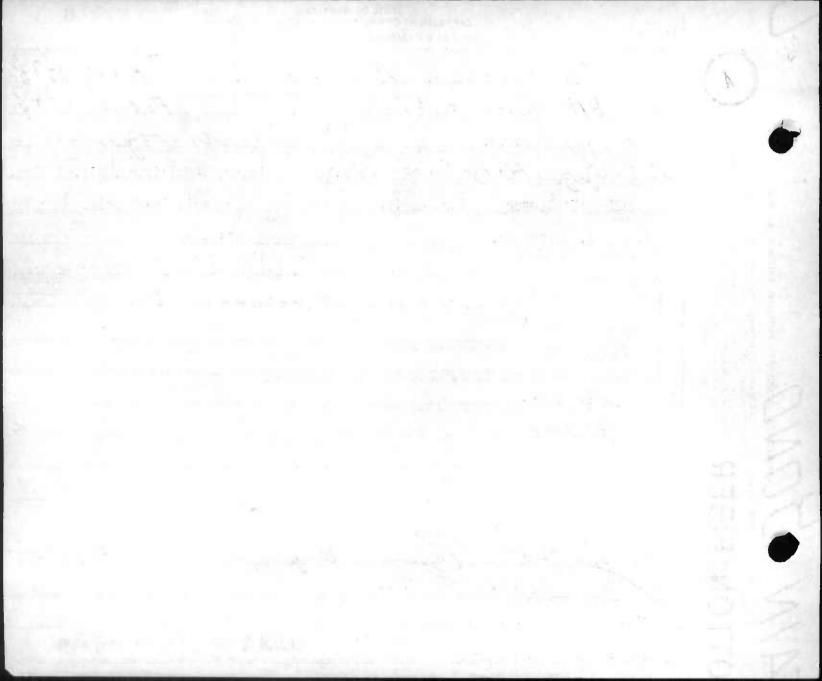
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BY REGISTRAR 256, REGISTRAR'S STORATURED



20M 4/82

STATE OF MARYLAND



	1 -	STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
9 11/		ASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH ONLY YEAR 28. HOUR RPRINT) Clades M. Boncus 2-4-85 /228 M 14. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) & UNDER 1 YEAR & UNDER 24 HRS.
P. Poge 4.	70. BIF	MONTH 31 1945 39 YRS MONTHS DAYS HOURS MIN. WHOLAGE (STATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 5 9. BALTIMORE CITY OR COUNTY OF DEATH UNITARY)
s offer deoi	10 G	OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 11 NOT IN SUCH TARREST ADDRESSY 11 NOT IN SUCH TARREST ADDRESSY 12 LIFE OF WORK FOR MOST OF WORKING LIFE) 12 LIFE OF WORK FOR MOST OF WORKING LIFE)
hin 24 hour	13a. S	Ma. Monty Garthersburg YES NO 18014 Spiceberry Circle
n and camplere Pages 1 and 2	16a V	AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS S, NO OR PARKHOWN) (IF YES, GIVE WAR OR DATES)
physician on papers. Posmoval.		8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) CASOLD 2 CONTROL OF THE CAUSE (b)]
ires that the death cer gned by the attending in please remove carbo burial, cremation, or re ry, or other traumatic e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
he law requon. has been si permit. The ene prior to ows ony inju	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140 90. DAYE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 166. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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DHMH - 16 50M 4/83 (VRA 15, 4)	6	eorge R. Snowden Kartville, Ud. FEB 07. 1985

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- 0	11.	STATE REGISTRAR	DEI ANTI	CERTIFICATE OF DEATH	REG. NO.							
1 X	I DE	CEASED NAME FIRST	MIDDLE	LAST g g	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
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	3. SE	ARANA AIG	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS						
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Hee Isa		saw the deceased alive an	tol) attended the deceased from.		death occurred on the date and he	gur and from the causes stated						
ATT lospinospinospinospinospinospinospinospin		abave, (1) (we) (did) (did no 22b, SIGNATURE	to view the body after death.	DEGREE	and the determinant	22¢ DATE SIGNED						
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o HOSF etpined TO FUN Should b		P	112	P 11	5 Baltimore BL	-VD						
show with	220	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREGATORY	123d LOCATION	740						
DD	230	SPECIFY)			CITY OR TOWN	COUNTY STATE						
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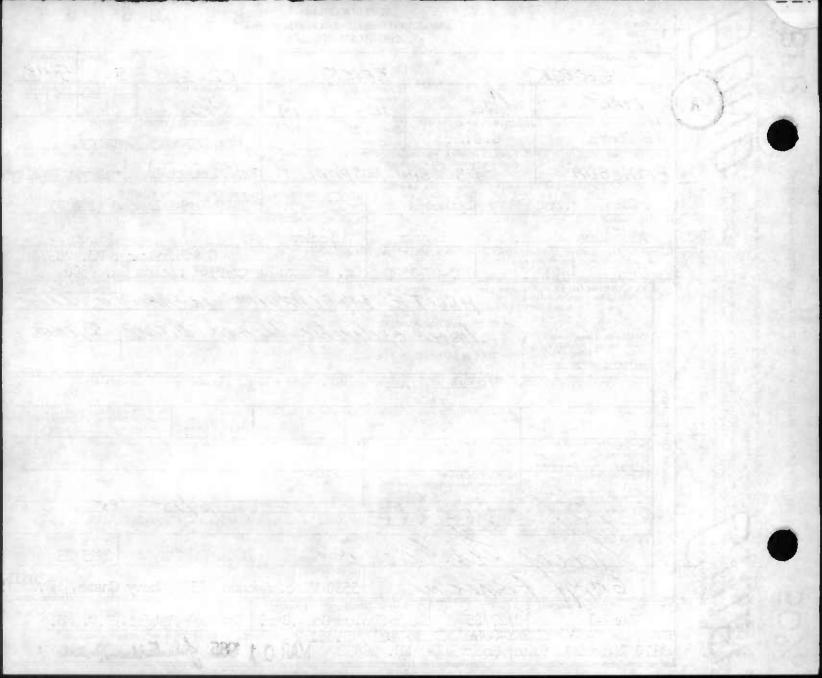
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IMPORTANT: If Hem 21 is marked or Item 18 mg

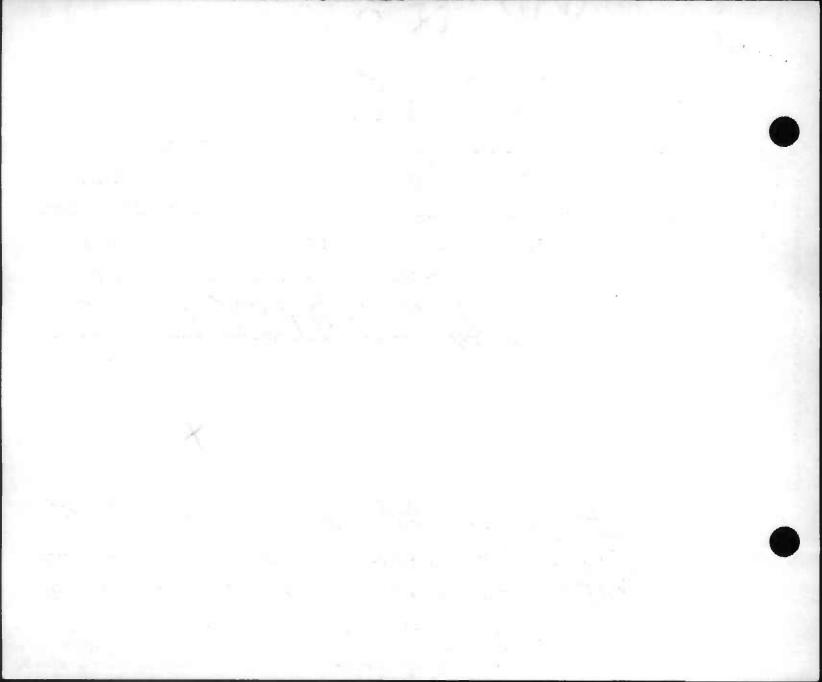
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IO. CITY OR TOWN OF DEATH					WIDOWE	DR OTHER INSTITUTION	-	Montgom 120 USUAL OCCUPATI			F BUSINESS OR
10. C	TORIOMICI DEA			H FACILITY, GIVE STREET		or other institution		(TYPE OF WORK FOR MOST O	F WORKING LIFE	EL INDUSTRY	
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	aryland	Monte		Bethesda		YES XX NO	1	7009 Kenh	ill Ro	nad (20)	817)
_	THER'S NAME		,			15. MOTHER'S MAIDE	NNAM			Jaa (20)	011)
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	Abraham		Μ.	Baye		Becky				Rose	
	VAS DECEASED EVER		WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT		Gaith	ersbu	rg, Md.	20878
	Yes	WWT	T	103-07-1	288	Dr. Robert	t Ba	yer; 9701 F	ields	Rd #6	00:
100	18 CAUSE OF DEATI	H (Enter only	one couse ner	line for (a), (b), and	11011						MATE INTERVAL ONSET AND DEATH
	PART I. DE ATH W	AS CAUSED	BY:	ACIT	F	MYDIA	On	M DAIL	MARI	1000	16001
	Defendance of	IMMEDIATE	CAUSE (o)	11001		1001111	200	101	111 (6/1		10047
	E-17-15-34		DUE TO, O	R ASIA CONSEQUE	NCE OF	1	1.1	2214 1	1,200	0 50	1000
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S	210. ACCIDENT WAS UND		216. TIME O		V MEAR	21c HOW INJURY OF	CCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 P.	ART I OR PART 2)	
AL	OR CONTRIBUTING		H HOUR A.		Y YEAR						
DIC	214 INJURY OCCUR		21e. PLACE		19	211 LOCATION					
ME	WHILE NOT WH			REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WOR	7/		No	V			/			
	22a.1 certify that	and the second	ol) attended th	e deceased from_	119	7 19=		_, to	,	19 83	that (I) (we) last
	sow the decease	delive on_	view the horiv	ofter enth	3,01	nd that in (my) (our) op	pinion de	eath occurred on the do	ote and hour	ond from the	couses stated
	226. SIGNATURE	10.0	THE REAL PROPERTY.	The state of the s	~	DEGREE				22c. DATE	SIGNED
	//0		1 %	16/11	"	ATTENDI	ING _	MEDICAL STAI		2/25	/85
	224 PHYSICIAN'S NA	AAE	1	an	-6	PHYSICI.	IAN [DIRECTOR PHYSIC	IAN	12/23	705
	M. PHISICIAN SINA	OME THEOR	10	1		TTO ADDRESS		"=0=	~	CT	20815
	OFFR	11	75A	ex m		5530 Wisc	. A1	venue, #505	;Chev	y Chase	, Md.
23a. I	BURIAL, CREMATIO	REMOVAL	736. DATE	23c. N	IAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 fours offer death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriof-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examine (must be lowlied at one).
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E C	. po		3.	SEX	4 RACE		5. DATE OF BIRTH	10	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
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of the control of the	with	/ / feed		CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
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No.	ed m	200	13	UAL RESIDENCE (IF NURSING H	COUNTY	136 CITY OR TOW		IDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
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vithi	etely I 2 sh	Time	14.	FATHER'S NAME FIRST	WIDDLE	LAST	15 MOT	HER'S MAIDEN NA	WE		AST
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3	mit.	> 7	CEPTIEICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION WAS P	ERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	INGS USED
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ysici d	ronsif	18 sho	1 8	21a ACCIDENT WAS UNDERLY	4 0110 4		21c. HC	W INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2])
CIA	ol-tr	Item]	7 3	OR CONTRIBUTING CAUSE		i.m. month da ^p .m.	19				
HYSI	buri Me	or H	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	211.100	CATION	CITY OR TOW	n county	STATE
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NO P	se or	Ē	ш	220 1 certify that (D)(this	hospital arrended t	he degeased from	birth 6	104	10 Telves	12 1904	, the [li (we) last
TTEN	TOR for o	21 is	Ш	saw the deceased of above (blane)	did noting with bed	Viller death	und that ig	(Tur lour) opinion	death occurred on the dat	re and hour and from th	ne causes stated
R A hos	IREC hed ept.	tem	1	22b. SIGNAFORE	9	yayar acam.	DEGREE	-		22c. DAT	TE SIGNED
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MPORTANT: If Hem 21 is

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FUNERAL DIRECTOR:

0 prior

certificate has al-transit pe and Mental Hygiene STATE OF MARYLAND

Beekman

5. DATE OF BIRTH

MONTH

June 16.

WIDOWEDIX

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Potomac Valley Nursing Home

Potomac

Kaplan

166 SOCIAL SECURITY NO

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

MARRIED A NEVER MARRIED

YES X

°1908

13d. INSIDE CITY LIMITS

15 MOTHER'S MAIDEN

Celia 17. INFORMANT

DIVORCED

NO I

IYG	REG. NO.		
	FB 6	1985	DEPA
	76 YRS.	INTHS DAYS	F UNDER 24 HRS HOURS MIN.
	Montgomery County	V.	JM.
	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	126. KIND OF INDUSTRY	
	9 Wandering Trai	1 Court	(2085
NAM	WIDDLE	Line	
ma	PotomaconeMd. 20 n; #9 Wandering T	rail Ct	
0	T FAILURE	BETWEEN ON	DAYS
	HEART DISE.	ASE	

NO. NO OR UNKNOWN 220-48-9595M Elaine Lib 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ONGE IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

L:LLIAN

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Montgomery

MIDDLE

White

7b. CITIZEN OF WHAT COUNTRY?

U.S.A.

MONTH DAY YEAR P.M. 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION STREET

CITY OR TOWN

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (I) (this heapital) attended the deceased from 77% SIGNATURE

ATTENDING PHYSICIAN

DIRECTOR PHYSICIAN

200 AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOIS

and that in (my) (and apinian death accurred an the date and hour and from the causes stated

22c. DATE SIGNED

NO [

STATE

19a, DATE OF OPERATION

21d. INJURY OCCURRED

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

FOR

REGISTRAR DECEASED NAME (TYPE OR PRINT)

Female

Rockville

Maryland

14 FATHER'S NAME

Abraham

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

To BIRTHPLACE I STATE OF FOREIGN

CITY OR TOWN OF DEATH

Pennsylvania

- STATE

3. SEX

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

23d. LOCATION

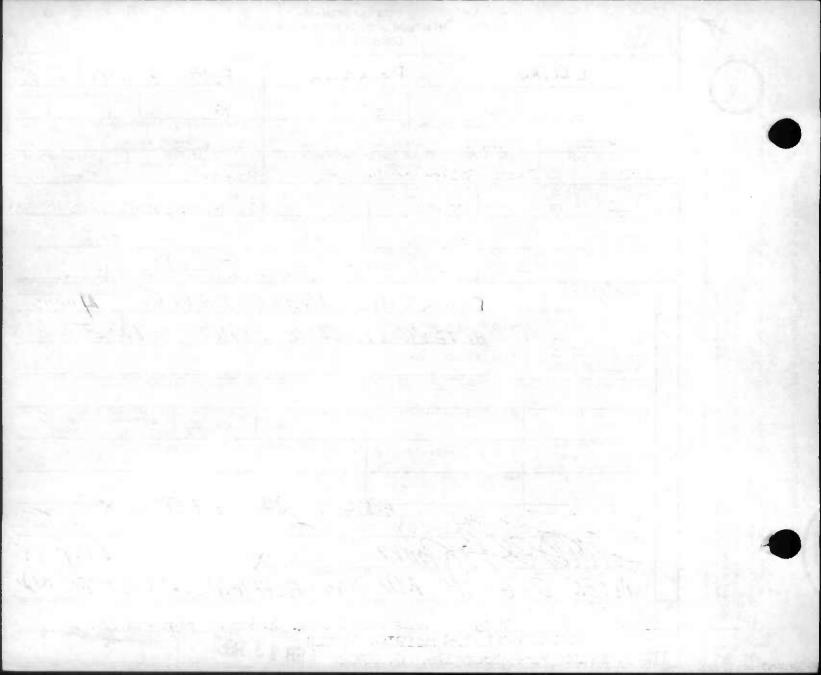
BP DHMH - 16 50M 4/B2 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS

1170 Rockville Pike; Rockville, Md. 20852

Adas Israel Cong. Cemetery; Washington, D.C.



-	
 11	
1	
•	

STATE OF FOR STATE DEPARTMENT OF HEAD

MARYLAND	5	0	5	61	8	1
TH AND MENTAL HYGIEN?	-	250 110				
		REG. NO.				

REGISTRAR			CERTIF	ICAIE OF DEATH	REG. NO	5.			
1. DECEASED NAME FI	RST	MIDDLE		LAST			DAY YEAR	2b. HOU	JR
F1	orence	E.	Ве	ender	Februa	rv 15	. 1985	9:5	18 m
3. SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER	R 24 HRS
Female	Whi	te	Janu		91	YRS.	MONTHS DAYS	HOURS	MIN
To. BIRTHPLACE ISTATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
Washington, D.	C. U.	S.A.	WIDOWE		Montgomer	y Cou	nty		MD.
10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME (OR OTHER INSTITUTION	120. USUAL OCCUPATION		12b. KIND C		
Silver Spring		Cross Hos			Homemaker		Ho	ome	
	HOME OR OTHER INSTITUTION COUNTY lontgomery	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Silver S	admission) prine	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 15101 Inte	rlach	en Dr.	/ 20	906
14 FATHER'S NAME FIRST Henry	WIDDIE	Dress	er	15. MOTHER'S MAIDEN NA/			Unknown	a)	
160 WAS DECEASED EVER IN U		166. SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRE				
(YES, NO OR UNKNOWN) (IF	yes, give war or dates) None	218-05-0	6332	Betty B. Clu	cas (Daught	er) S	ame as	# 13	3.
Conditions, if any, wh gave rise to immedicause (a), stating underlying cause In PART 2. OTHER SIGNIFICATION IN THE CONTRACTION	CAUSED BY: MEDIATE CAUSE (a) DUE TO, O offich off	Cardiac R AS A CONSEQUER Pheumon: R AS A CONSEQUER DITRIBUTING TO D ITION FOR WHICH C	Arre	NOT RELATED TO THE TERM IN WAS PERFORMED	200 AUTOPSY? YES NO 🛣	206. IF YES IN CERTIFY	EN IN PART II	NGS USEI	D TH?
21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF ETHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED	E OF DEATH HOUR A.		Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	/ IN ITEM 18, PA	ART 1 OR PART 2)		
21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	51	TATE
220.1 certify that (I) (the saw the deceased a	XXXIXI) attended the live of Feb 1	edeceased from	35_, 0,	nd that in (my) (XX apinion o	to Feb 1	5 te and hour		that (1)X	
27h SCHOOLINE				DEGREE			22c DATE	SIGNED	
MA	e June	M		ATTENDING PHYSICIAN X	MEDICAL STAF	F IAN 🗌	Feb.	15,	1985
226 PHYSICIAN SNOW	(TYPE OR PRINT)			22e ADDRESS			377		
	erendino,			11620 Kemp M		ver S	pring.	Md.	2090
230. BURIAL, CREMATION, REM (SPECIFY)				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STA	ATE
(SPECIFY) Cremation	Feb/1	6/85 Cha	amber	s Crematory	Riverdale	, P.G	. Co	Mary	land

DHMH-16 60M 1/73

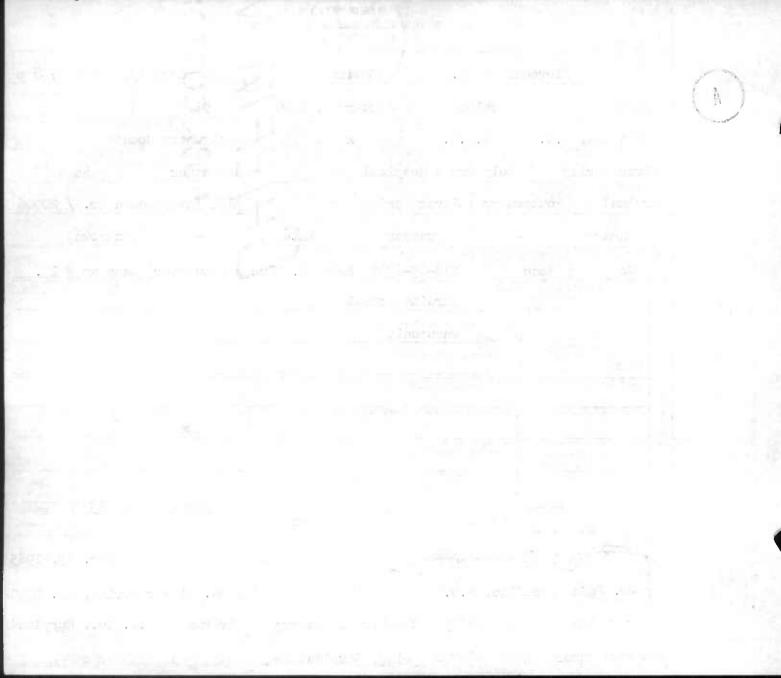
Chambers Funeral Home

Silver Spring, Maryland Ing

Chambers Crematory Riverdale, P.G. Co., Maryland
| 750 DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

(VR A 15 (4))



FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

To BIRTHPLACE (STATE OR FOREIGN COUNTRY Ohio 10. CITY OR TOWN OF DEATH Bethesda

ISUAL RESIDENCE (IF IN NURSING HOME C

168 WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) No

CAUSE OF DEATH (Enter an

PART I DEATH WAS CAUSE

Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.

SEX Male

3e. STATE

CERTIFICATION

MEDICAL

Maryland

14. FATHER'S NAME

Jacob

4. RACE

White

	M		STATE OF ENT OF HEAL' KAMINER'S		ENTAL		NE S	O REG. NO	5	6-10	8 8	3
FIRST		MIDDLE		LAST			2a. DATE K	NOWN T		DAY	YEAR	26 HOUR
Herber	rt	E.	P	Bender			OF DEATH A	MATED _	2	2	930	1125
ite –	Augus Gay 5, 1	909 YEAR		UNDER 1 YR.	IF UNDER	R 24 HRS.	PRONOUNC DEAD	CED	MONTH 2	2 DAY	YEAR SS	2d HOUR
ATH	76. CITIZEN OF WHAT COUNTRY? United States WIDOWED						9. BALTIMO Montgo SUAL OCCUPA MOST OF WORKI Catisti	mery ATION (TYPE	Count	IIIP	aryl.	States
136. COUNTY	other institution, of y gomery	13c. CITY OF		13d. INSIDE (CITY LIMITS?	13e. STI	reet addres Bethes	s 830 da, M	3 Bry aryla	ant and	Dri 2081	ve .7
	MIDDLE	Bend	ler	Min	ER'S MAID FIRST Inie		MID			inin		
(IF YES, GIVE W			16b SOCIAL SECURITY NO. 282-18-3846 B303 Bryant Drive Bethesd									0817
VAS CAUSED I IMMEDIATE any, which immediate g the <u>under</u>	(b)	OR AS A CONSE	EQUENCE OF	2		terio	tosclo	1200	8 .		ROXIMATE EEN ONSET	INTERVAL TAND DEATH
IT CONDITIONS CO	INTRIBUTING TO DEAT	N BUT NOT RELATED	O TO THE TERMINAL DISI	EASE OR EDNOITID)N GIVEN IN PA	ART 1 (a)						
ATION	196 CONE	OITION FOR WE	HICH OPERATION	WAS PERFOR	RMED?		V.				UTOPSY?	NO [X]
OR	HOUR A.	OF INJURY .M. MONTH D		HOW INJURY	OCCURR	ED (ENTER	ENATURE OF INJU	RY IN ITEM 18 F	PART I OR PAI	RT 2)		

PART 2 OTHER SIGNIFICANT CONDITIONS 198 DATE OF OPERATION 21a, EXTERNAL CAUSE WAS OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE

22a. I certify that I taak charge of the remains described above, held an Autopsy death resulted fram Hamicide Undetermined manner TITLE (SPECIEY ACTUAL DATE

WISCONSIN EXAMINER'S NAME TYPE OR PRINT ADDRESS

236 BURIAL CREMATION, REMOVAL 236 DATE February 23¢ NAME OF CEMETERY OR CREMATORY Burial Knollwood Cemetery

23d LOCATION Mavfield

Heights Ohio

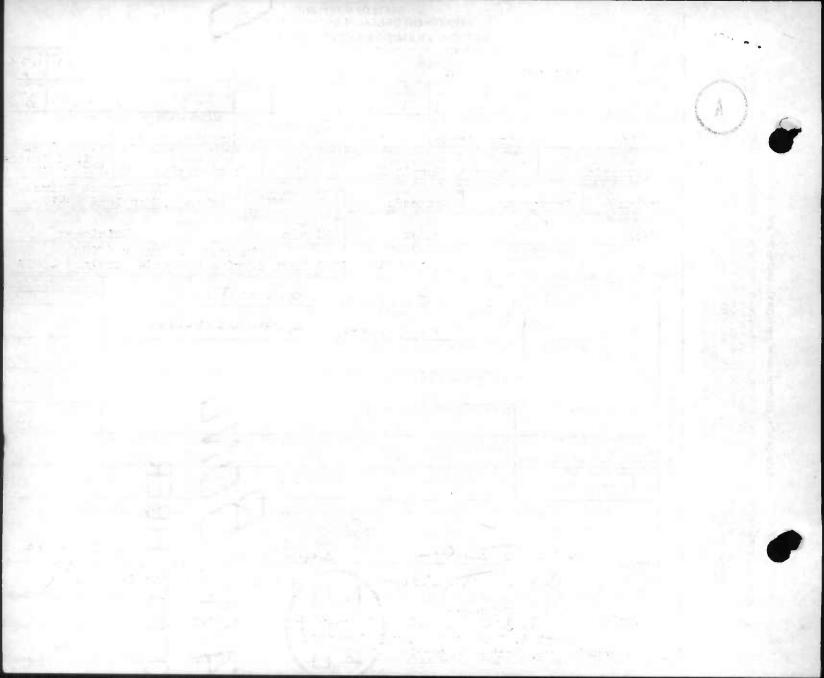
STATE

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA 150 DATE Davidson Randall 7557 Wisconsin Ave. Bethesda, Maryland 20814

(VR A15 ME (5)) 20M 4/82

BP.

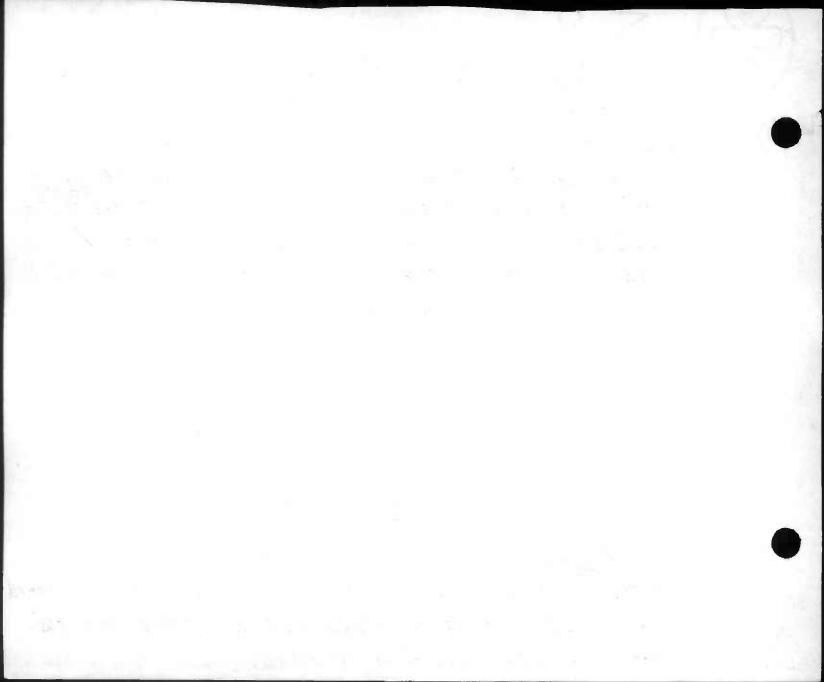
DHMH - 17

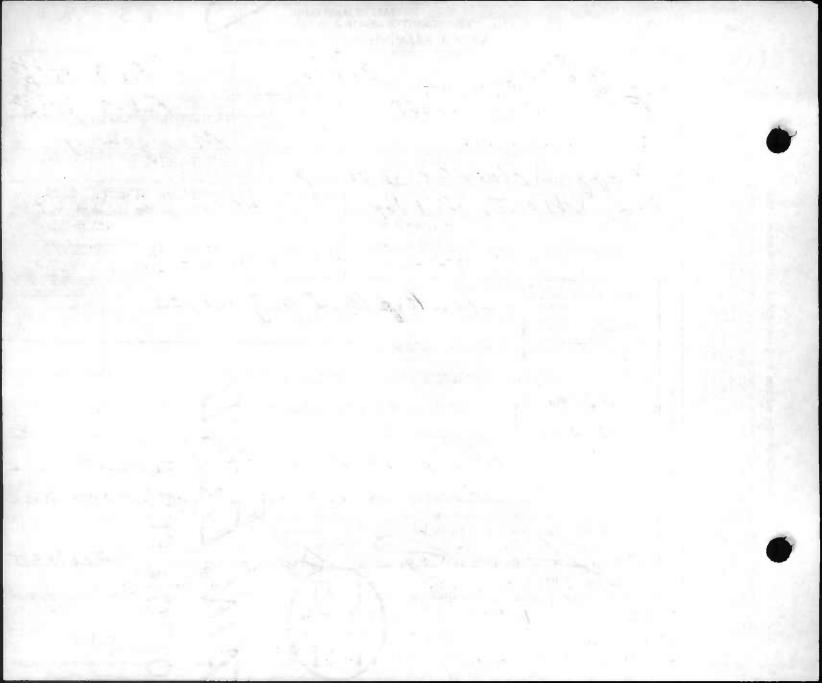


3	- S	OR TATE EGISTRAR			DEPAR	MENT OF H	E OF MARYLAND BEALTH AND MENT CATE OF DEAT		8 5 REG. NO.	0 5 4	8 9		
ov be don't don't	1. DECEA		elia	lia /	A.	Ben		t	DATE OF DEATH AND AGE (IN YEARS LAST BIRTHE	ONTH DAY YEAR 16/85 DAY) FUNDER LYEA	26 HOUR 2/05 A M		
(()	F	emal	ا ا		ASIAL	MONTE	DAY YE	AR CO	89	MONTHS DAY			
17	70. BIRTHPLACE (STATE OR FOREIGN SOUNTRY) COUNTRY)			76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MA WIDOWED DIVO				ED	9 BALTIMORE CITY OR COUNTY OF DEATH				
by the following	San		ing I		H FACILITY, GIVE STREET		C Jomes	Œ	USUAL OCCUPATION VPE OF WORK FOR MOST OF V Tomemaker				
thin 24 hourship filled in Should be	Mary	ESIDENCE IF NUMB	HE COUNT	THER INSTITUTION.	Potomac	WN	THE INSIDECITY LIKE YES NO!		STREET ADDRESS / Z 7409 Master		0854		
111/60	0:	SCAR		00u	nAS SE	4	Do	VIE	ADDRES	SC	RUGGS		
Pages /		DECEASED EVER		ED FORCES?	578 071	049	Joseph M.	• Turp	a	as item 13			
out the dearth certificate by the ottending physici ase remove colbon-paper i, cremotico, ar removal, other traumatic event, the	0 9	CAUSE OF DEATH W AND TO DEATH W Conditions, if any, gove rise to announce to it, plane aderlying course	AS CAUSED IMMEDIATE which indiate g the	WY.	R AS A COMPE	were some	Later	sies l	Jahr	3	Land		
on the requires the control of the c	NO.	DATE OF OFFRA	MC	THE COURT	SIQ.	DEATH	signal	my	MA AUTONO?	TION GIVEN IN PART TO IF YES, WERE FIND IN CERTIFYING CAUSI VES L'T	DINGS USED		
SCIAN The globales and physical confectors and the graph of the graph	3 °	E ACCIDENT WAS UND CONTRIBUTING [] C	AUSE OF DEATH	p.	M. MONTH	DAY YEAR	0.0000	OCCURRED	(Hother-total on white	Total .			
VDNG PHY I after the ostill suit he bi eath suit in	1	I will be the control of the control	2 D		OF IN JUST 1	1/1	TH LOCATION	8)	2/6	1085	that (li leg) last		
TAL OR ATTER THE hospital RAL DIRECTOR SELECTOR SELECTOR TO BE SELECTOR TO BE SELECTOR TO BE SELECTOR TO BE SELECTOR THE S	77	sow the decease above the decide a SIGNAURI	M	13/2	Mili germi		ATTENI PHYSIC		th occurred on the date MEDICAL STAFF IRECTOR PHYSICIA	72 ₆ D.A	couses stated		
CO HOSPI TO FUNE Should be with the S	275	ENSICIAL ST	OWE TANK ON	de	(10		18 11 3	Prof	Agilind	x, 01 m	My 203:		
BP	23e. HUR (589)	Burial	REMOVAL	2/8/1	985 C	edar H	ill Cemet	ery	Suitland	Marylan	ad STATE		
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNE	NAME 5130			er's Son			250. DATE RE	C'D. BY REGISTRAR 25	REGISTRAR'S SIGN	ATURE pdelle		

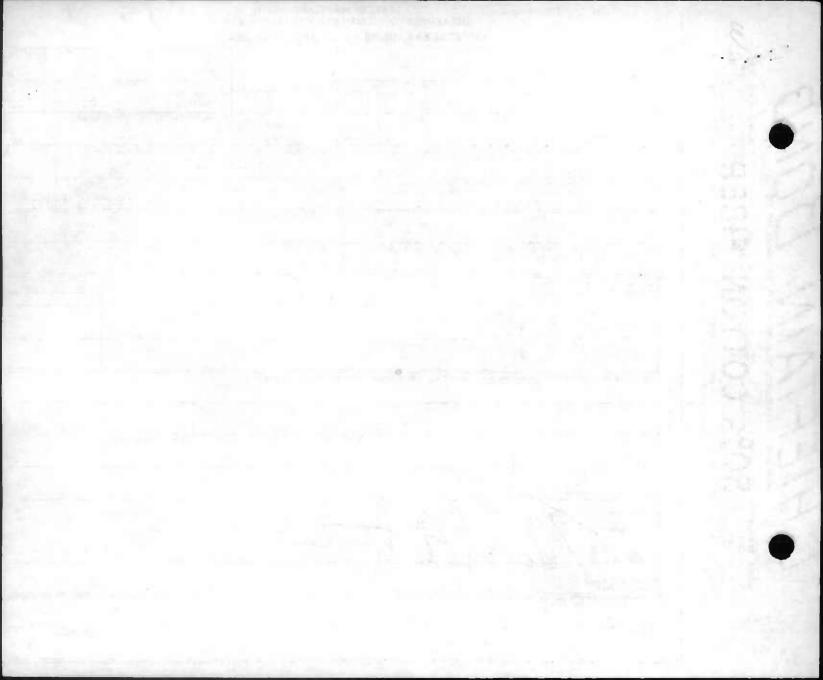
collist makes which and property of the state of the stat THE THE PERSON OF SHEET PARTY TO SEE THE STATE OF THE SECOND SECOND SHEET AND ADDRESS OF THE SECOND SECOND

		,	FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	8 5 O	5 4 9 0
7	- 1	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
# 7.E			EASED NAME PIRST POBERT	MIDDLE	Bensel	20 DATE OF DEATH MONTH	17/85 2:45 M
Sec. Do		3. SEX	MALE	WhiTE	5. DATE OF BIRTH MONTH DAY YEAR 7 17 19-17	6 AGE (IN YEARS LAST BIRTHDAY) VRS.	IF UNDER 1 YEAR IF UNDER 74 HRS. MONTHS DAYS HOURS MIN.
A Part of the second se	19		OUNTRY) TEW YORK	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT Mont. Co.	Y OF DEATH
	Confined and a second	10 CII	Pethesda Md	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	176. KIND OF BUSINESS OR INDUSTRY
LAND 2121 nin 24 houri	and street	USUA 13a. S		OTHER INSTITUTION GIVE RESIDENCE BEFOR ITY 134. CITY OR TOW TO-OMELY BETHE		13e.STREET ADDRESS / ZIP COD	ZOSIT LAKE TERR.#19
E, MARYLA cuted within completely s 1 and 2 sh	60	I4 FA	THER'S NAME DUCYEA	MIDDLE BENSE	15 MOTHER'S MAIDEN NA FIRST SARAN	ME MIDDLE	REEN
IMORE, M. De executed n and camp	medica		AS DECEASED EVER IN U.S. ARA es, no or unknown) (16 yes, Give YES 432	MED FORCES? 166 SOCIAL SECU E WAR OR DATES! -1940 114-03-	JRITY NO. 17 INFORMANT 4618 ORRIS BE	NSEL (SAM.	EAS #13)
T., BALT trificate by physicio mpapers	vent, the		PART I. DEATH WAS CAUSED	ly ane cause per line for (a), (b) and D BY: E CAUSE (a)	och neva		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ather traumatic		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)			
RDS, 20 equires 1 equires 1 them ple 16 burie	infury, or	NO	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GI	VEN IN PART I(a
NI RECO	2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES
OF VITA E physics ertificate iol-trans	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MVISION other disc to the burnt	rkedor	MEDICAL	714 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDR projection CTOR: A for use of Health	2 10 10		220 1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not	tal) attended the deceased from	7 , and that in (my) (our) apinion	death occurred an the date and ha	ur and from the causes stated
내후 내 있는	d li llen		226 SIGNATUS	luhu	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224 DAJE SIGNED
HOSPIT correct by D FUNER could be s	PORTANI		JOEL S	CHULMAN	27e ADDRESS 9410 OI	LD GEORGETOW	NRd, BETHESDA, M
D1 H41)	3	23a B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY HAMBERS CREM	1. RIVERDALL	E COUNTROC MA.
DHMH - 16 50M 4/ (VRA 15, 4)	/83	24 FU	NERAL DIRECTOR NAME W. CHAMBI	ERS CO INC.	SILVER SPRINGER FE	RO 4 1045 Julia	TRAR'S SIGNATURE





			/8/85 mtb	STATE OF A	MARYLAND H AND MENTAL H	YGIENE 5	0 5	92
		STATE F#602	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH REG.	NO.	
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE KNOWN	K) MONTH	DAY YEAR 76 HOU
	(111)	James	Jose	ph Rill	Perbeck	OF ESTI-	□ 2	9 19 85
١	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE IN YEARS IF U	NDER 1 YR. IF UNDER		MONTH	DAY YEAR 24 HOU
		IAIT WHITE	MONTH DAY YEAR	LAST BIRTHDAY) MONT	HS DAYS HOURS	MIN. PRONOUNCED DEAD	2	9 19 85 1:0
	7a. BI	ALE WHITE	MAY 21 1958	NTRY?		9. BALTIMORE CIT	Y OR COUNTY	
		REIGN COUNTRY)		WIDOV	HED NEVER MARRI		— —	
ŀ	10. CI	VASHINGTON, D. C.	11. NAME OF HOSPITAL, NI			IZO USUAL OCCUPATION	TYPE OF WORK 17	KIND OF BUSINESS
		/	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		FOR MOST OF WORKING LIFE)	THE OF WORK	OR INDUSTRY
	USUA	ilver Spring		s Hospital		LSTUDENT		
	13a. S	ATE ISM COUN	ITY I3c. CIT	Y OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
		RYLAND MON	TGOMERY SILL	ER SPRING	YES XXNO	10600 MEADO	WHILL R	OAD 20901
	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE		LAST
Į,	(VILERED	J. BILLER		MAUREEN	E.	GR	EANEY
1	Ida. V	AS DECEASED EVER IN U.S. AR S, NO, OR UNKNOWN) I (IF YES, GIVE	MED FORCES? 166 SC	CIAL SECURITY NO.	17. INFORMANT	ADDRI	ESS FATH	ER
l		NO	21	5-72-7346	WILFRED 1	, BILLERBECK		AS 13
ľ		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a). (f					APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
l		PART I DEATH WAS CAUSE	D BY: Acute	chloral .	hydrate i	ntoxication		BETWEEN ONSET AND DEAT
		INVICUIA	DUE TO, OR AS A CO	NSEQUENCE OF				
		Canditians, if any, which						10000000
		gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CO	NSEQUENCE OF				
		lying cause last.	(e)					
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REI	ATEO TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	PT I (a)		
	N							
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION V	VAS PERFORMED?			20 AUTOPSY?
	FIC							
ŀ	ERT	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	[2]c H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	A REPART LOR PART	YES XX NO
	NI C	UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR				
	MEDICAL	CONTRIBUTING CAUSE OF	DEATH 12 P.M. 2/		ngested c	hloral hydr	ate	
	ME	WHILE NOT WHILE	STREET TACTORY, FARM,	ETC.)	STREET	CITY OR TOWN	COUNT	
		AT WORK AT WORK	nom	A 1	600 Measo	whill Rd. S	.Sprin	ng, Md.
		22a. I certify that I task charge	e at the remains described ab	aye, held an Autor	sy XX, Inspection	n . Inquiry .	and in my apini	ian
		death resulted justing Maria	al causes . Accident		. Hamicide	Undetermined manner].	
		11	1 1/1/	1 0	TITLE (SPECIFY)			
		ACTUAL SIGNATURE	JUN ON	Mark "		iefedical examiner	DATE SIGNED.	2/10/85
		1000				ENGLISHER	SIGIAED.	
		EXAMINER'S NAME (TYPE OR PRINT) The	omas D. Smith,	M.D.	ADDRESS 111 P	enn St. Balte	0.,MD	
ŀ	23a.B1	IRIAL CREMATION REMOVAL		NAME OF CEMETERY C		23d. LOCATION		
	(5	BURIAL	2/13/85	GATE OF HEA	UFN	SILVER SPRIN	IG MO	NT MD.
	24 FL	INTERAL DIRECTOR	S J. COLLINS	ALL VI HEN	250. DATE	REC'D. BY REGISTRAR 1256 RI	EGISTRAR'S SIG	
				NG MD. 209	550	1 9 1985	Harrans 1-1	
ŀ		500 UNIV. RLVD.,	W. SILVER SPR.	NO. MU. 709				



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STATE OF MARYLAND

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NTAL	HYGIENE	0
HTA		

	1 -	FOR STATE REGISTRAR	DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		OR PRINT) CEASED NAME FIRST EMIL	MIDDLE		ACK	20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 2 25 P.						
	3. SE)	EMALE	WHITE	5. DATE O	OF BIRTH 1887	6. AGE (IN YEARS LAST BIR	IF UNDER 74 HRS HOURS MIN.					
7	E	ENGLAND	ENGLAND	WIDOW		9. BALTIMORE CITY O MONTGOMER	_		MD.			
0		SILVER SPRING	1. NAME OF HOSPITAL, NURSIN				170. USUAL OCCUPATION 11 HOUSEWIFE OF WORKING LIFE) INDUSTRY HOME					
7		AL RESIDENCE (IF MURSING HOME OR O			134 INSIDE CITY LIMITS?	13e STREET ADDRESS A		2000°	9999			
/		THER'S NAME FIRST M	RAPHAEL		15. MOTHER'S MAIDEN NAM	LUNAS	CERTA	THARIFI				
3	13	VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE	WAR OR DATES)	8591	LEONARD L.	\$4516 S	516 SALEM LANE, NW ASHINGTON, D. C.					
		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	C 0 10 14 4		NARY ART	ResT		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH			
		Conditions, if any, which gave rise to immediate	16	YRS.								
		cause (0), stating the underlying cause last.										
	NOI	PART 2: OTHER SIGNIFICANT CO	DIAB ETE	_	NOT RELATED TO THE TERMI	inal disease or con	DITION GIVEN	IN PART his	3			
7	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NO YES NO						
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART	1 OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE			
		22a.1 certify that (I) (the bands saw the deceased alive on	A /A /	850	nd that in (my) (opinion d	deoth occurred on the de	27, 19. ate and hour a	-	that (I) (was) last			

MPORTANT: If Item 21 is marked or Item 18 shows etained by the hospital or attending physicio should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR: TO HOSPITAL DHMH - 16 50M 4/83 (VRA 15, 4)

ATTENDING PHYSICIAN: The law

S. MILLER M.D. 2/28/1985 BURTAL

REMOVAL

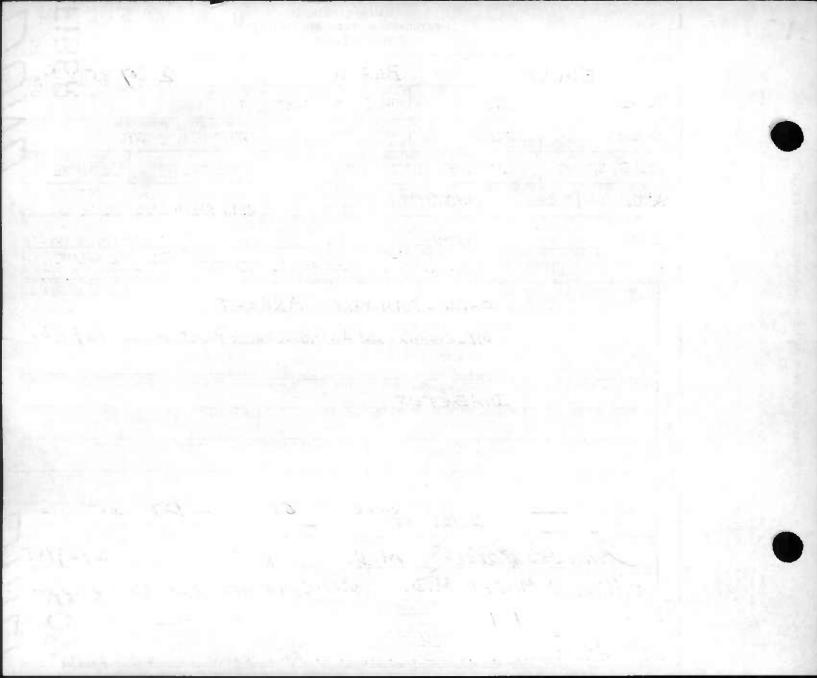
DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

120 ADDRESS 4201-Conn. AVe. n.w. WASH. D.C. 20008

234. NAME OF CEMETERY OR CREMATORY 234 LOCATION KING DAVID MEMORIAL GARDEN OR TOWN FALLS CHÜRCH, VIRĞİNIA REGISTRAR 256. REGISTRAR'S SIGNATURE

²⁴ DONAYOREMOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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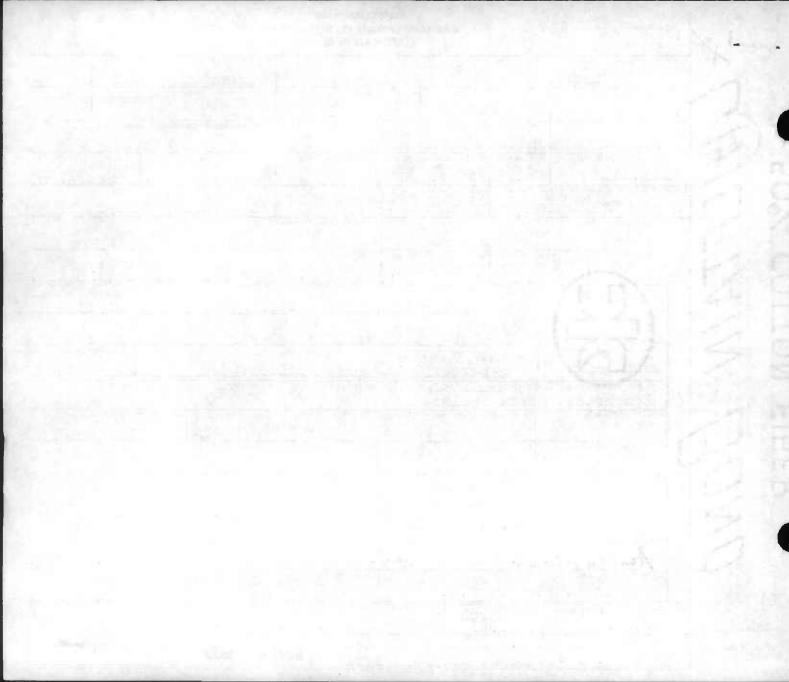
-		REGISTRAR	STRAR CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEA		H DAY	YEAR	7h HOUR	_
	(TYPE	Martha		J.	B1a	ck	Februar	cy 26	. 19	85	2:40p	AA
	3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UND					RS
		Female	Caucasian March 5, 1906				78 YRS MONTHS DAYS HOL					Nt.
-		RTHPLACE (STATE OR FOREIGN					9 BALTIMORE	9 BALTIMORE CITY OR COUNTY OF DEATH				
2	M	aryland		States	WIDOWE	D NORCED	Montgomery County					MD.
Rockville			Collingswood Nursing Home				120 USUAL OCCUPATION (1) YE OF WORK FOR MOST OF WORKING LIFE) Manager Conces					ng n
6	Ma		gomery	13c CITY OR TOW	da	13d INSIDE CITY LIMITS?	6232 V	alle				
4	-	ATHER'S NAME Millard	MIDDLE	Jackson		15. MOTHER'S MAIDEN NA		DIE		LAS		
-		VAS DECEASED EVER IN U.S. AR	MED EODCECS	16b SOCIAL SECU		Bertha		ADDRESS		Day		
			E WAR OR DATES)			Betty J. C	0.5	33 Dithe	uffer rsbu	r Wa	MD 20	87
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:							-	BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE (a) Aspiration, Pneumonitis								Day	S	
		Conditions, if any, which gave rise to immediate cause (a), stating the								Days		
		underlying cause last (c) Cerebral Vascular Accident									onths	
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE Congestive Heart Failure							N GIVEN IN	PART 110	D .	
2	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH				WERE FINDINGS USED ING CAUSES OF DEATH?				
2	IL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITE	EM 18 PART TO	OR PART 2)		_
-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED			19							
	MEC	WHILE NOT WHILE AT WORK	21e PLACE (DE INJURY EET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	City	ORTOWN	C	YINUO	STATE	
		220.1 certify that (1) (this hospi saw the deceased alive an	Feb.	4 10	Mare 85	7.7	, to Feb.	26		tunm the	that (I) (we) is	ost
	30	abave, (1) (we) (did) (did not) view the body after death								22c DATE		_
		1206. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									27,19	85
		22d. PHYSICIAN'S NAME (TYPE O				Old Georgetown Road				_		
		Harris M. 1				Bethe	sda, Ma					A
	23a B	Burial Burial	IVI d	rch Pa		emetery or crematory wn Mem. Par	k Rock	ville	e. Ma	ary1	and STATE	
	24 FU	INERAL DIRECTOR Rober				eral 250 DAT	E REC'D. BY REGIS	TRAR 256. RI		SIGNAT	AREA OO	
Homes, P.A. Bethesda, Maryland 20814 Pumphrey Funeral MAR 4 1250 DATE REC'D. BY REGISTRAR 250. REGISTRAR 250										mar - 8		

Homes, P.A. Bethesda, Maryland 20814

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the buriol-transit permit. Then please menes awith the State Dept. of Health and Mental Hygiene prior to buriol, cramation. IMPORTANT: If them 21 is marked or them 18 shows only injury, or other trauming.



	1 -	FOR STATE REGISTRAR		DEPAI	RTMENT OF HE	OF MARYLAN ALTH AND M CATE OF DE	ENTAL HYGIE	NE 8 5	0 :	0 4	9 3
60		EASED NAME	Love.	MIDDLE	Ble.	14		20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR M
Bay	1.5E)	Female	4 R		5 DATE OF MONTH	BIRTH DAY	YEAR 94	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
\$ 53		THPLACE ISTATE OFFI	_	ITIZEN OF WHAT COUNTR	WIDOWED	724	ORCED	Mont	Some	ry	MD.
11 20	2		TINC	NAME OF HOSPITAL, NUR	December 1	THER INSTIT		170 USUAL OCCUPATION OF OF WORK FOR MOST OF		IZB. KIND OI INDUSTRY	F BUSINESS OR
BS BS	7.3a. S		13b COUNTY	13c. CITY OR TO Sandy S	pring	138 INSIDE CIT	NO 🗆	3e.STREET ADDRESS /		20860)
15/150	2	William	MIDDI	P. You	nc		na -y	WIDDIE	20.00	Moz	4
- Poges		AS DECEASED EVER ES NO OR UNKNOWN)	(IF YES, GIVE WAI	R OR DATES)	0592		/	lackbihrn		r Spri	ook Av. ng, Md.
physics coppoper removal.		PART I. DEATH W		ne cause per line for (a), (b), AUSE (o)Cercer	o Vascu	lan Aca	cident	RIGHTHE	Mi putai,	BETWEEN C	MATE INTERVAL ENSET AND DEATH
attendar ove cort		Canditions, if any,		DUE TO, OR AS A CONSECUTION (b) CTENE	CALIZE	U AM	ERIOSC	LEROSES		7:	EXPS
d by the date rem of, cremin		cause (a), stating underlying cause	g the	DUE TO, OR AS A CONSEC	QUENCE OF						
m squest Then pl r to bur injury, c	TION	PART 2 OTHER SIGN	IIFICANT CON	ditions <u>contributing</u> 1	O DEATH BUT N	NOT RELATED 1	TO THE TERMIN				
has be has be have printed by the pr	TIFICA	190 DATE OF OPERAT	ION	196 CONDITION FOR WH	CH OPERATION	WAS PERFOR	MED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
Eckining physic outside from the first page.	CAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART2)	
omends on the this is and Miles the to the thing in the thing of the t	MEDI	71d INJURY OCCURR	ne 🗆	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFI	CE FARM ETC }	21f LOCATION	~	CITY OR TO)WN	COUNTY	STATE
TOR A SOLUTION OF THE SOLUTION		220 I certify that (I) saw the decease		attended the deceased fra	Y	d that in (my) (aur) apinion de	to FED. 2	ate and have		that 🎺 (we) last causes stated

BP_

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTIONED BY STORY DEPT.

74 FUNERAL DIRECTOR NAME Anatomy Board

230 BURIAL, CREMATION, REMOVAL (SPECIFY Removal

LOPE Z

2/24/85

23c NAME OF CEMETERY OR CREMATORY

Balto., Md.

DEGREE

23d LOCATION CITY OR TOWN

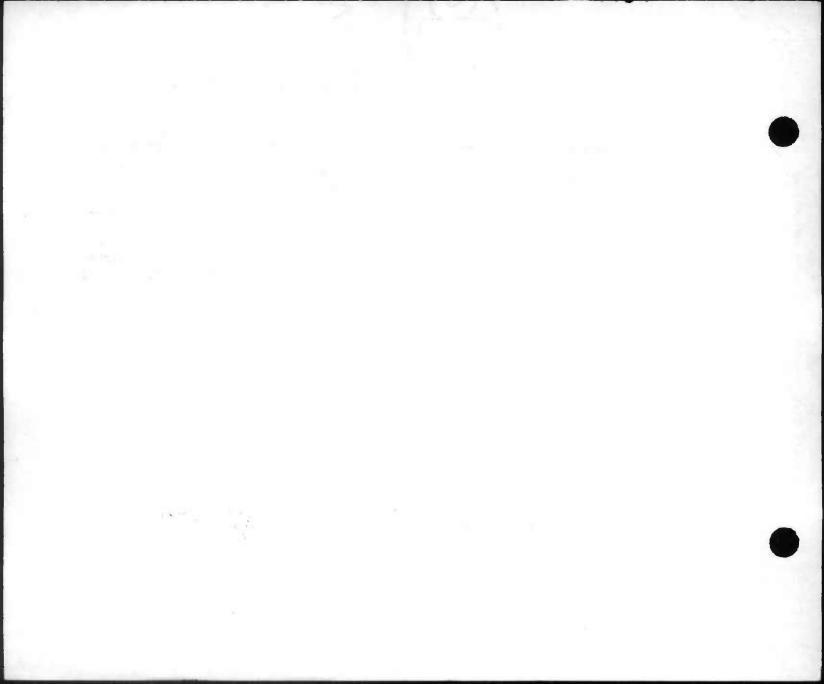
ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN D

COUNTY - STATE

220 DATE SIGNED

FEB. 24, 1985

AR 06 1985 July Dundon Person



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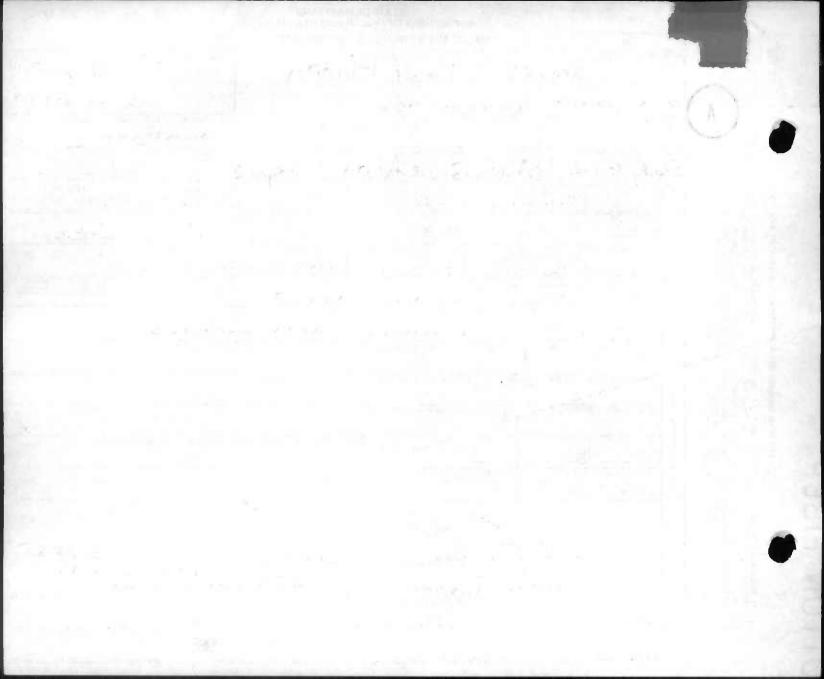
DHMH - 17

(VR A15 ME (5))

20M 4/82

STATE OF MARYLAND	in the state of th
DEPARTMENT OF HEALTH AND MENTAL HYGRENE	-3
AEDICAL EVAMINED'S CERTIFICATE OF DEAT	

FOR STATE REGISTRAR DECEASED NAME 20. DATE KNOWN [TYPE OR PERMIT DEATH MATED IF UNDER 24 HRS. DATE LAST BIRTHDAY) MONTHS MONTH PRONOUNCED white male 4-4-44 O YRS DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED Mary Land USA MONTGOMERU DIVORCED WIDOWED CITY OR TOWN OF DEATH 12b KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Operator | Self Emp. Gambrills ACOUNTY 2260 Mt. Tabor Rd. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Helen Franklin Bladen 17. INFORMANT ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Patricia Bladen Same as 13e 217-42-3808 N-A APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY arnest Cardiac IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which arteriosclerosis COYONATU gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted fram: Homicide . Undetermined manner TITLE (SPECIF) ACTUAL DATE SIGNATURE EXAMINER'S NAME 8218 WISCONSIN AUR (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION COUNTY Burial STATE Ft. Lincoln 3-4-85 Brentwood P.G 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 251 AEGISTRAR'S SIGNATURE INCLUDE ADDRESS 1985 Hardestv Annarolis Md



	1 -	FOR STATE REGISTRAR			DEPARTM	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH		REG. NO.	5 4	9 7
	(TYPE	CEASED NAME	FIRST		DDLE	RI	och	20 DATE OF DI	Feb	24 85	D P M
	3. SE)	Female		Whi1	te	5 DATE O	DE BIRTH YEAR 13 97	6. AGE (IN YEAR	YRS	MONTHS DATS I	HOURS MIN.
694	Ro	RTHPLACE (STATE OR FO	70	L CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOWE	47	9 BALTIMORE	CITY OR COUN	TY OF DEATH	MD.
Rifics	Ke	TY OR TOWN OF DEAT	MO	(IF NOT IN SUCH	OSPITAL, NURSIN	ADDRESS)	ers Musiker	TYPE OF WORK FO	CUPATION OR MOST OF WORKING OUSEWIF	LIFE) LINDUSTRY	BUSINESS OR
	13a S		36 COUNT		Bethes	N	136 INSIDE CITY LIMITS?	9517	DRESS / ZIP CO Linder	Avenue	20814
160	14 FA	Jacob	MI	DDLE	Levy		Bessie	٨	AIDDIE	Goldst	
medicol		VAS DECEASED EVER IN (ES NO OR UNKNOWN) NO		ED FORCES?	068-20-0		Shirley B.			Pimlico	Place
ol, cremotion, or removol. ir other troumotic event, th		PART I. DEATH WAR I. DEATH WAR I. DEATH WAR I. DEATH WAR II. DEATH WAR II. DEATH WAR II. DEATH WAR II. DEATH WAR III. DEATH WA	S CAUSED MMEDIATE which ediate	CAUSE (o) DUE TO, OR	AS A CONSEQUE	NCE OF	A			1	ATEINTERVAI SET AND DEATH
one prior to buri	CERTIFICATION		حدر	eroti	c (e)	6684	NOT RELATED TO THE TERM	A R I	Y? ZOB. IF Y		
rked or Item 18 the	MEDICAL CERT	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 216 INJURY OCCURRE WHILE AT WORK AT WORK	USE OF DEATH	P.M 21e PLACE O	i. month da i.	19	21c. HOW INJURY OCCUR 21t LOCATION STREET	RED (ENTER NATUR		8 PART (OR PART 2)	STATE
ite Dept. of Health		22a. I certify that (1) (1) sow the deceased obove (1) we) (did	olive on	2-24	1 190		nd that in (my Cur) apinion DEGREE ATTENDING PHYSICIAN	death occurred o	STAFF	our and from the co	uses stated
who the Sto		200. PHYSICIAN'S NAM	AE (TYPE OR F	POLLI	م ر _€	10	1220 ADDRESS			KErsing	My Mo

IMPORTANT BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

10400 Coppectuat AVE

| 236 DATE | 236 NAME OF CEMETERY OR CREMATORY | 236 LOCATION | 236 LOCATION | 237 NAME OF CEMETERY OR CREMATORY | 236 LOCATION | CITY OR TOWN | COUNTY | 237 FUNERAL DIRECTOR | Rockville, Maryland | 256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE | Danzansky-Goldberg Chapels; 1170 Rockville Pike | 27 1285 | July Swiden - Rockville | 236 DATE REC'D. BY REGISTRAR'S SIGNATURE | 236 DATE REC'D. BY REGISTRA

Assault Mitwigst コントラントローンエアンスタックのカランファインフトリンティス 0 31 41-1 or 0 20 71 -1-30 Ca ella de Canonia franco H. Piccel My love Commenter Com Love My

filled in by the funeral di puld be filed within 72 ha

Pages 1 and 2 sh

signed by the

ould be detached for use os the buriol-tronsit permit. Then the State Deat, of Health and Mental Hygerer prior to b MPORTANT, If hem 21 is marked or Hemists shows any

TO FUNERAL DIRECTOR: After this certificate has been

attending physician.

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red by

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

injury, or other troumotic event, the

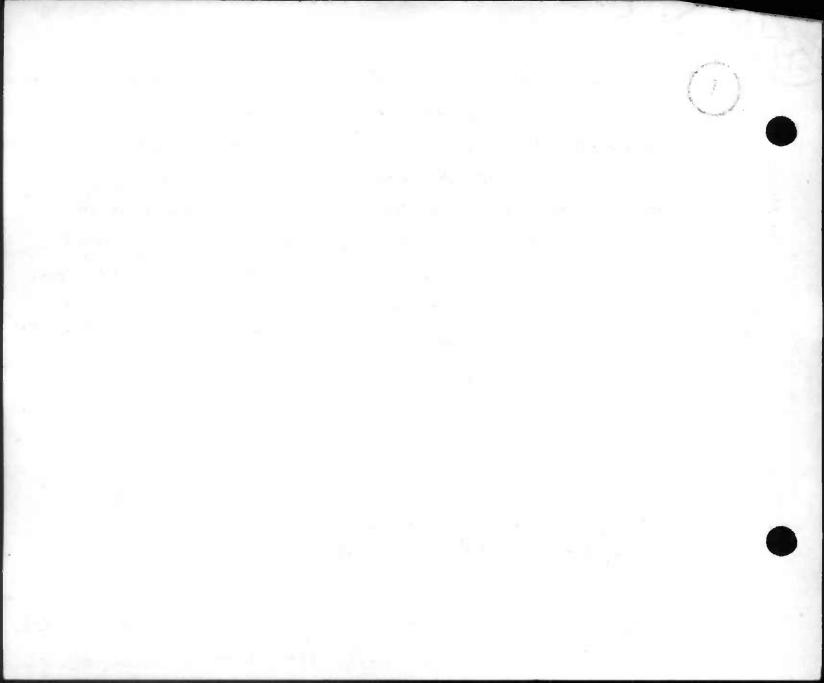
1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9

	REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME FIRST	MIDE	DIE	AST	2a. DATE OF DEATH		DAY YEAR	26. HOUR
{ TYPE	DORO 7	14× 0	\mathcal{B}	ODMER		2	10 1985	8:50 AM
3. SE)		4 RACE	S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
· F	FEMALE	CAUCA	SIAN 4	21 1917	67	YRS		MIN.
7a. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
H	ARYLAN D	U.S. A	WIDOWE		0.00	OHE	RY	MD
10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUP		126. KIND	OF BUSINESS OR
	ALLSVILLE /	19530	BEALLSVILL	E Rd.	HOUSEU	DIFE		
	AL RESIDENCE (# NURSING HOME OF TATE 138 COU	ROTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMISSION) C. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CO	DE 2083	1
P		TEOMERY	BEALLSVILLE	YES 🔼 NO 🗌	19530 K	EALLSV	ILLE R	Q
14. FA	THER'S NAME	MIDDIE	LAST	15. MOTHER'S MAIDEN N	AME		L/	AST
	5EOR5E	F. C	SOOLEY	BETTY				COC
	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADI	DRESS 196	30 BEAL	ASVILLE RE
	NO	2	20-26-4299	GEORGE J. E	BODMER	BEA	USVILL	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS		e for (a), (b), and (c)	-/1	0.		BETWEEN	NONSET AND DEATH
		TE CAUSE IOL	essesse	e Carcinon	na lec	ngs	61	noulks
		DUE TO, OR	S CONSEQUENCE OF	0	Variation	, 0	19,	nouther
	Canditions, if any, which	(b) X	Mumo	us all	man	mix	11.	THE RENT
	couse (a), stating the	DUE TO OR A	S A CONSEQUENCE OF	mi 1 - 0	nakin	111	6	
	underlying cause last.	(c)	0	nuc ~	11	w o		
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINA DISEASE OF C	NOITION	GIVEN IN PART 1	ła.
10		Tool and in the		WAS DEDECORATED	AUTODEV2	Tank IE	YES, WERE FIND	MICEUSED
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	20m AUTOPSY?	IN CER	TIFYING CAUSE	S OF DEATH?
RTII	710. ACCIDENT WAS UNDERLYING	216. TIME OF II	NITIDY	21c HOW INJURY OCCU	YES NO	2	YES [NO []
2	OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR	THE HOW INJURY OCCU	KKED (ENTER NATURE OF I	VIURT IN HEM I	IB PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	R) P.M. 21e PLACE OF	19	21f LOCATION				
MEC	WHILE NOT WHILE !		. FACTORY, OFFICE, FARM ETC.)	STREET	CITY O	RTOWN	COUNTY	STATE
	AT WORK AT WORK	1. In an a 1. I. I.	7-	11 10 10	7 2	- 10	10.85	About in the found last
	220 I certify that (I) (this hasp	71 //	7 6 1/	nd that in (***) (our) opinio	n death accurred on the	e date and h	nave and from th	, that m (we) lost e causes stated
	773 SIGNATURA	of) view the boots of	ter Seoth.	DECREE L				E SIGNED
	Main	1911	asses	MATTENDING		TAFF	2-	11-85
	THE PHYSICIAN'S NAME ITHE	CREATO /	XXXXXX	PHYSICIAN 1776 ADDRESS	DIRECTOR PHY	SICIAN []	-	11 00
	7/		//					
73a 7	SUBJAL, CREMATION, REMOVA	1 23h DATE	13st NAME OF S	EMETERY OR CREMATORY	234 LOCATION		Constitution of	10000
11	BURIAL	2/12/			BEALLSVIL	and the second	HONT 6	MA
24 FI	INFRAL DIRECTOR	-11	13111 BI	TALLSURLE KATH D			ISTRAR'S SIGNA	ATURE
	NAME W.C. HIL	10/1	BARNESVILL	A-SL()	9 1985 . 4	1 K	4 10.	Lon a
_	u (ruce)		TALK INCOME			CORNEL PROPERTY	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	THE REAL PROPERTY.



deoth. Page

executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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I	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
ì		CEASED NAME FIRST	MI	IDDLE	AST .		AONTH DAY YEAR	2b. HOUR
ı	(TYPE	ORPRINTI VIVA	6	Do	dmer		2/20/85	3:24 %
Ì	3. SE	x 3	4 RACE	S. DATE O)F BIRTH	6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
I	3	FEMALE	WHI	TE II	5 1922	62	YRS. MONTHS DAYS	HOURS MIN.
Ż		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR		
1		VIREINIA	11.5	S. A WIDOWE		MOUTE	OHERY	MD.
1	10 CI	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME O	OR OTHER INSTITUTION	128. USUAL OCCUPATIO		F BUSINESS OR
7	Bo	OCKVILLE	Shall	4 Drove al	n, HOSP.	HOUSELDI		
1		AL RESIDENCE (IF NURSING HOME OF		SIVE ESIDENCE BEFORE ADMISSIONS	1134 INSIDECITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	0839
-	11	ARYLAND MON		BETTLESVILLE	YES NO	19900 W.	HUDTER	ROAD
	14 FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	tAS	4
1		JACK		HOWSER	NELLIE		SHOW	EHAKER
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	S	00
1				212-20-1673	CHARLES B	ODHER !	9900 W. HUL	ITEX RU.
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per l'	ine for (a), (b), and (c)	. 7 .1.		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
ı			TE CAUSE (o)	acule anlew	Colerat m	ysearded.	infrara	6 Mus
ı	4.1		DUE TO, OR	AS A CONSEQUENCE OF		V		
1		Conditions, if any, which gove rise to immediate	(b)					
ı		couse (a), stating the	DUE TO, OR	AS A CONSEQUENCE OF				
1		underlying couse lost	((c)					
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR COND	. 7	
d	CERTIFICATION	190 DATE OF OPERATION	UPS CONDIT	TION FOR WHICH OPERATION	N WAS DE DE ODANED	200 AUTOPSY?	206 IF YES, WERE FINDIN	IGC USED
	IFIC,	DATE OF OFERATION	The CONDIT	TOTAL WINCH OF EXAMO	IN WASTERIORMED		IN CERTIFYING CAUSES	OF DEATH?
-	ERT	21a, ACCIDENT WAS UNDERLYING	7 216. TIME OF	INJURY	21c HOW INJURY OCCUR	PED (ENTER NATURE OF INTERE	YES THE PART I OR PART 2)	№ □
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M	A. MONTH DAY YEAR	The state of the s	TED TENTER NATURE OF PRODUC	THE TO THAT TO GAT ANT 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M 21e PLACE O		211 LOCATION			
	ME	WHILE NOT WHILE		EET, FACTORY, OFFICE, FARM, ETC)	STREET	CITY OR TOW	/N COUNTY	STATE
1		226.1 certify that (1) (this hosp	attended the	deceased from	Total 19 50	201	CB 10 85	that (II (we) last
1		saw the deceased alive on	+-66	,20 10 85 00	nd that in (my) (and) opinion			
ı		obove (I) (werndal) (did no	it) view the body o	offer death.	DEGREE		22c. DATE	
1		Stru c	trus	TO HUM	ATTENDING PHYSICIAN [MEDICAL STAF		20/65
1		224 PHYSICIAN'S NAME CONE	OR PRINT)	2000	22e ADDRESS	_ DIRECTOR FITTSICE	121	/01
1	23o F	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		(SPECHY) BUP: 11	2/22	185 Houn		RECITION TOWN	LE MORTE	STATE
	24. FI	UNERAL DIRECTOR CHIL	701)	22111 86	SALL WILLES DA	TE REC'D. BY REGISTRANZ	Sh. REGISTRAR'S SIGNAT	URE
	1.4		100	ADDRESS ASSISTED	IT MO FEB.	2 7 1985 4	lia Davidson Non	della
1	64			INCHAS VIC	46, 116	41		1

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and campletely filled in 19, the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be 1 and with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayol.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical externiner

The terms of the second
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after DETUREAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled the directed for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should British militare Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayol. the hospital or attending physician.

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	IENE () REG. NO			
1	DECEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b HOUR
	(TYPE OR PRINT)	JEANET	TE BOYD			FEBRUARY	5 19	85	8:50 a
3	SEX	4. RACE	22 2012	S. DATE		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
I	FEMALE	CAUCAS	IAN	JANU	JARY 12 1929	56	YRS.	MONTHS DATS	HOURS MIN,
F	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY O		TY OF DEATH	
1	TEXAS	UNITE	D STATES	WIDOWI		MONTGOME	RY		MD.
17	O. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		126 KIND O	F BUSINESS OR
1	BETHESDA		NAVAL HO	SPITA	L	HOMEMAKE		T(F) 4D031K1	
æ	30 STATE IN COU		GIVE RESIDENCE BEFORE 13c CITY OR TOW ARLINGTO	N	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS /			2202
市	FATHER'S NAME				15. MOTHER'S MAIDEN NAM	ME	. totab		
4	EVERETT WEE	EKS	LAST		I,OR	AINE THOMAS		LAS	
7 1	MAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	NO NO (# 4E2 G	IVE WAR OR DATES)	452-46-	9402	RICHARD C.BO	YD.1050 26t	h RO	AD .S. AR	LINGTON.
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(c)CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONI	20b. IF Y	ES, WERE FINDIN	4GS USED
+						YES TO NOTE		IFYING CAUSES	NO [
г н	OR CONTRIBUTING CAUSE OF DE LIFE EITHER. NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE	P 21e PLACE	OF INJURY .M. MONTH DA .M. OF INJURY TREET, FACTORY, OFFICE F.	19	216 HOW INJURY OCCURR 211 LOCATION STREET	CITY OR TO		PART I OR PART 2)	STATE
	220. I certify that (I) (this hasp saw the deceased alive o above, (I) (we) (did) (did n 22b. SIGNATURE	n FEBRUA at) view the body	RY 5 19	85。	Y 18 1985 Indition (my) (aur) opinion of DEGREE ATTENDING	to FEBRUAR death occurred on the do	ate and ha		SIGNED
4	22 PHYSICIAN'S NAME (KYPE	LO LCOR	, MC, USNR		PHISICIAN L	DIRECTOR PHYSIC	IAN 💥		
1						HOSPITAL N			
+	J. J. NANFRO,				NATIONAL CAP		, BE	THESDA,	MD 20814
12	30 BURIAL, CREMATION, REMOVA (SPECIEV) BURIAL		23c. N	IAME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN	- T7	COUNTY	STATE
-	BUKTAL	2-8-85	Arl	ingto	on National Ce	m Arlingto	il, V	d.	
12	4 FUNERAL DIRECTOR Ever.	ry-wneat	rey runer	alhon	IIE 730. DATE	E REC'D, BY REGISTRAR	750 REGIS	SIRAR'S SIGNAT	UKE

DHMH - 16 60M 7/84 (VRA-15, 4)

Off And I Hem 21 is marked or Hem 18 study any injury, or other traumatic event, the medical

1500 W. Braddock Rd. Alexandria, Va. 22302



and 2 u

injury, or other troumotic event, the

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		G. NO.				
	CEASED NAME OR PRINTI	Robert		S.	Bou	BOYD	20. DATE OF DEAT	H MONTH	23	85	26. HOUR 2.40 A M	
3. SE)	(4 RACE		5. DATE C		6 AGE (IN YEARS LAS	ST BIRTHDAY)	IF UN	DER TYEAR	IF UNDER 24 HRS	
	Male		White		Apr		59 YRS. MONTHS DAYS HOURS MIN.					
	RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
Wa	shington,			.A.	WIDOWE	D DIVORCED	MONT		_		MD	
	Bethusba		JUB SUC	URBAN	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WORK FOR ME Budget	OST OF WORKIN	NG LIFE) IN	Fed.	Govit.	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 136. STATE 136. COUNTY Maryland Montgome)				GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRE			1. 2	0871	
14. FA	THER'S NAME	,	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	16		LAS	1	
	Ralph		D.	Boyd		Mildred	L.		Sh	pley		
	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	AL	DDRESS				
(1	Yes	WW	2	579-22-0	317	Carol S. Bo	yd. Ite	m 13				
	18 CAUSE OF DEATH PART 1. DEATH W	AS CAUSEI		line for (0), (b), and		fosis				0.3	MATE INTERVAL ONSET AND DEATH	
	Conditions, if ony,		DUE TO, OI	RAS A CONSEQUE	NCE OF	WHENN IN	a of Lu	wag		311	ن	
	gave rise to imm couse (0), stotin underlying couse	g the	DUE TO, OI	R AS A CONSEQUE	ONSEQUENCE OF			,				
NO	PART 2 OTHER SIGN	HE T	MILL I	ONTRIBUTING TO E	C: \	NOT RELATED TO THE TERM	IN AL DISEASE OR C	ONDITION	GIVEN II	PART 1	0	
CERTIFICATION	190 DATE OF OPERATION 196 CONDITIO			TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF YES, IN CERTIFY				NGS USED S OF DEATH? NO [
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	119	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERNATURE OF	INJURY IN ITEM	A 18 PART I	ORPART 2)		
MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK NOT WH AT WORK	H.E	21e PLACE ((AT HOME STR	OF INJURY EET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CHY	OR TOWN		COUNTY	STATE	
	22a.l certify that (I) sow the decease		-1		1	nd that in (my) (our) opinion	death occurred on the	he dote and	hour one		that (I) (we) lost	

sow the deceosed alive on 2 2 2 3 above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE

MO

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL (SPECKY)
Burial 236 DATE

Upper Seneca Baptist

DEGREE

23d LOCATION
CITY OR TOWN
Cedar Grove,

COUNTY Montg.

DHMH - 16 50M 4/83

Paragrand Director
Olin L. Molegworth, P.A., ADD Damascus Md.

Feb. 26, 1985

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial. morked or Item

MPORTANT: If Item 21 is

2000 A COLUMN THE ARREST OF ALL WAY AND THE RESERVE AND RESTRICT recould be broken by the control with a The state of the s

. W. . We will grow on the endogen publication for a

Makemaka di Santa da The Comment of the second of the second seco ENLINE THE GRANTE NO 752-14-7425 6449 6 6500 m 210 1414-1560414 745 15 cm St. 4 19 il made of Clarker C MANAGER Y Town to and here influence so the contract cont

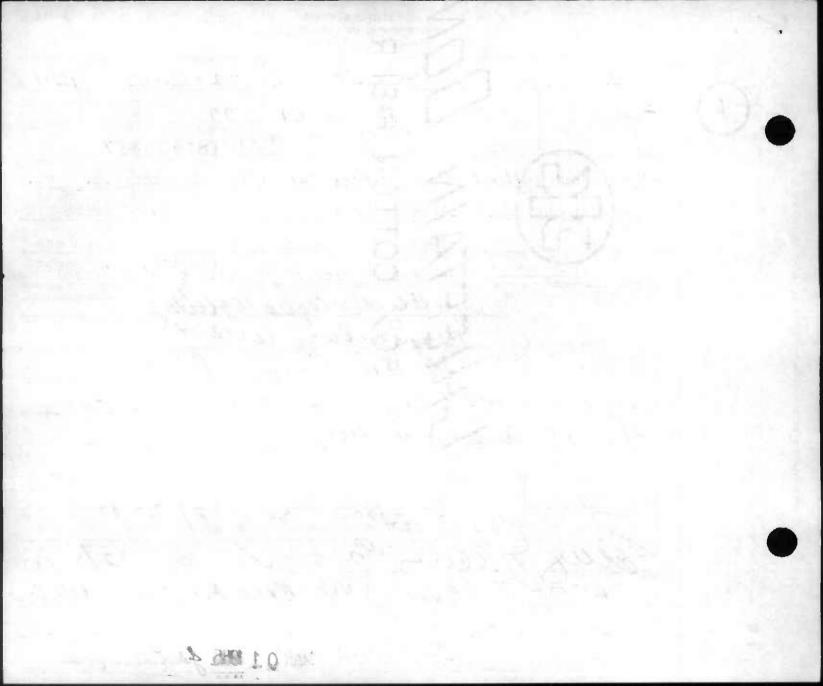
TO HOSPITAL OR ATTENDING PHYSICIAN, The law retained by the hospital or attending physician.

DHMH - 16 50M (VRA 15, 4)

1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST PE OR PRINT) AL FRE	A E.	BRANDT, JR		AY YEAR 2b.
3. S	MALE	1. RACE WHITE	S. DATE OF BIRTH MONTH DAY SELL. 17 190	9 75 YRS.	FUNDER I YEAR IF
11	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) VASHINGTON DC	76. CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	nery
1	RINCE FREDERICIL	WASHINGTON A	DVENTIST HOSPITAL	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE RAILRAD (RET)	12b. KIND OF BU
Ust	JAL RESIDENCE HE NURSING HOME 13b. COL MON		PARIC YES NO NO	7057 OrkRell	AVE.
4	ALGRED	MIDDLE TSRA		WIDDLE	LAST
160	WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] [IF YES, O	ARMED FORCES? 16b. SOCIALS	ECURITY NO. 17 INFORMANT / -U233 ROBECTS E.	BRONDT ISIL FRAN	
		only ane cause per line far (a), (b) SED BY: ATE CAUSE (a)	Tyle Stokes,	lecurent	BETWEEN ONS!
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b)	und along on the	the beautifuse of sease	Jea
NO	PART 2. OTHER SIGNIFICAN		TO BEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVE	NIN PARTIGO
TIBICAT	90. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS ING CAUSES OF
CAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		CITY OR TO WN	COUNTY
1	abave, (I) (me) (did) (did	pital) attended the deceased from	, Sha that in (my) that opin	nion death accurred on the date and hour	
	22h SIGNATURE Kidenie	Cr. meun a	DEGREE ATTENDIN PHYSICIAI 1220, ADDRESS	G MEDICAL STAFF	22. CATE SIG
4	I'd. PHYSICIAN'S NAME (TYP		(Dr. 11 1)	ent pode	6. C
	FIN, BAG	ENNWALD AL 123b DATE 12	331 VULV	arid sond Elgi	un p

SOUTH TO SOUTH THE STATE OF SOUTH STATE OF SOUTH From the following and the first of the first state 10. med There here. The Deliver his THERE E BONDE NO FREDERIKS REGION K. BENDET, 1511 FEMILIA SENGER DE Bedief The 18 Mr. Berger & Hill Combing Will desiglen To Employed Home of Helina 289 Court I FAITE

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 0	5 3 0 4
1	1 DE	- H1	A A MIDDLE	BRICK 15. DATE OF BIRTH	20 DATE OF DEATH MONTH	35 YEAR 25 HOUR P
(A)	V	Female	White	MONTH DAY YEAR 72 07	~ 77 YRS	MONTHS DAYS HOURS MIN
191		RTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	USA	WIDOWED DIVORCED	MONTGOM	
68	1	31 VEESPINE	HOLY CRE	OSS HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Tax Collecto	r D.C. Govt.
and a street	130.5	TATE 136. C	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c, CITY OR TOV ntgomery Silver	rSprings X NO	11200 Lockwo	20901 ood Drive
100/60		Isadore	Brick	15 MOTHER'S MAIDEN NA Menya	AME	Rothenberg
Popel Conference		NO NO	ARMED FORCES? INL SOCIAL SEC 579-42		Kensington, Eppsteiner; 95	
not the drooth certhicote by the othership physics see remove corbon applications Lorenorian, or remaind other transmittle event, the	No. of the last		DUE TO OBLAS A CONSPOR	- crapu	avert	BETWEEN COMET AND DEATH
the low requires the control of the	CERTIFICATION	PABL 2 OTHER SIGNIFICA	196. CONDHION FOR WHICH Carcingen	a fung	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS US. FIFTYING CAUSES OF DEATH? YES NO NO
SECIAN mg physic certificat certol tran tertol tran	1	210. A CIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MONTH C	DAY YEAR	RRED ENTER NATURE OF INJURY IN ITEM TE	PART 1 OR PART 2)
NG Pro	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
At Directors at the hospital of at Directors of the part of the true to the Director of the true to the true true true true true true true tru		172.1 centry flig III (this be shown the species ad alive obegon (b) (we) (did i) (did III) (This GNATU)		, 19 D. J. and that in (my) (our) opinion GREE ATTENDING PHYSICIAN	n death accurred on the date and he	that (I) (we) last our and from the causes stated
O HOSPIT PRINCED BY O FUNER Hould be with the Str		BA12/2	PJ. Levi	W. 120 ADDRESS 480/ M.	ass Ave, No	WASH, Di
BP		SURIAL, CREMATION, REMO SPECIFY) Burial	2-27-1985	NAME OF CEMETERY OR CREMATORY Beth Sholom Ceme		L Hts., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		neral director anzansky-Goldk	Rock perg Chapels;-1170	VATTTE' MO.	ATE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
					- JAAA	



STATE OF MARYLAND

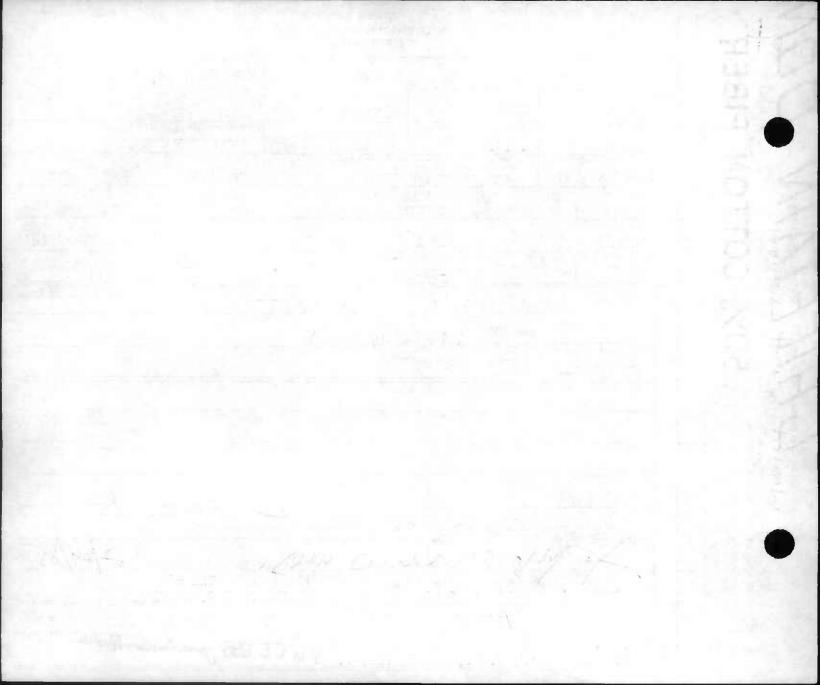
1.	STATE REGISTRAR			DEPARTM		ICATE OF DEATH		REG. NO.		
	CEASED NAME E OR PRINT) B	ESSIE		MIDDLE	BRC	DWN	20 DATE OF DE		1985	6: J6PM
3. SE	X		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
	FEMALE		WHITE		NOVE	MBER 23.1894	-90	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
1	RUSSIA		U.S.A.		WIDOWE		MONTGO	MERY COU	NTY	M
	STLVER SPRI		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A CROSS HOS	ADDRESS)	PROTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOI HOUSEW)	MOST OF WORKING	LIFE) INDUSTRY	F BUSINESS OR
130. 3	AL RESIDENCE (IF NURS) STATE ARYLAND	131/COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOWN KENSINGTO	N	138 INSIDE CITY LIMITS?	=3000	PRESS / ZIP COI		5
14. FA	GERSON		MIDDLE	COHEN		SOPHIE		IDDLE (U	NASCERTÂ	(INABLE)
	WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 213-56-2	- '	SAMUEL J.	BROWN,	522555P00 BETHESDA	KS HILL , MARYLA	ROAD IND
No	Canditions, if any, gove rise to imm cause (a), statin underlying cause	which nediote g the last.	DUE TO, O (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	inal disease o	r condition g	IVEN IN PART 110	
CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WHICH		OPERATION WAS PERFORMED		200 AUTOPS	IN CERT	ES, WERE FINDIN	
MEDICAL CERT	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF IN.			M. MONTH DA M.	21f LOCATION		RED (ENTER NATURE			STATE
	220.1 certify that (I) saw the decease the ave, (I) (we) (d) 274 and 10 Hz	(this hospited of other on, iid) (did not	view the body	25 19 8	55 . ar		MEDICAL DIRECTOR D	STAFF PHYSICIAN D	22c. DATE	
-	1		T	100		SILVEK	SPRING	MAKYLA	NU	

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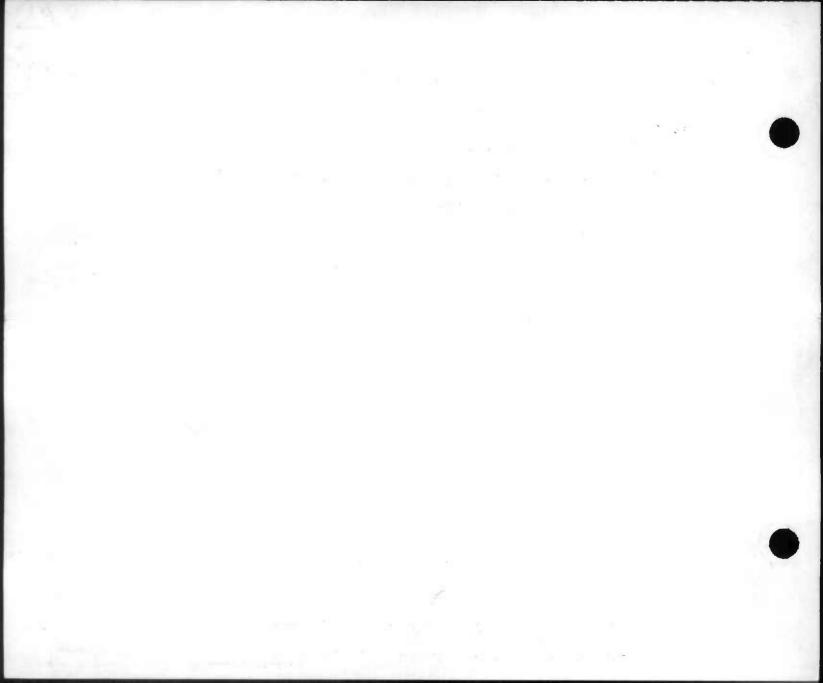
ury, ar ather traumatic

DHMH - 16 60M 7/84 (VRA 15, 4)

MOUNT LEBANON CEMETERY ADELPHI, PRINCE GEORGES 232 CARROLL STREET, N. W., WASHINGTON, D. CMAR 05 1885



1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
The board of general	DAY YEAR 26 HOUR NOON
HORUM BShasso 2/11/83	5 12 "
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS.
Male Russian 10 25 14 70 YRS	IONTHS! DAYS HOURS MIN.
TA BIRTHRIAGE WAY ORGANICAL TO CHITTEN OF WHAT COUNTRY?	OF DEATH
Russian U.S.A. MARRIED NEVER MARRIED Montgomery Co	unty MD.
THE DESCRIPTION OF TOWN OF DEATH 111 NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 UISHAL OCCUPATION	126 KIND OF BUSINESS OR
Takoma Pk. Md. Washington Adventist Hospita Retired	None
	2911
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. THE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STATE 137. CITY OR TOWN 136. CITY OR TOWN 136. STATE 137. COLESVI	11e
14. FATHER'S NAME IS MOTHER'S MAIDEN NAME	
14. FATHER'S NAME REST Karabatir Bshasso L'nk. ADDRESS	Unk.
I THE WAS DECLASED LYER IN U.S. ARMED FORCES: THE SOCIAL SECONTIF INC. TV. IIN ORMAN	OHA.
(YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 137-34-5708 Eldar Bshasso 206 Lenwoo	d Ave Pat. NJ
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I LEATH WAS CAUSED BY	2 - S
	2 - 2 2 1
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate	
couse (a), stating the Underlying couse lost DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	CALINI DADT 1
	EN IN PART TO
	, WERE FINDINGS USED
IN CERTIF	YING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN	
	COUNTY STATE
AT WORK AT WORK 220. I certify that (I) (this haspital) attended the deceased from 1/23 19.85 to 2/11	19
7.4 (4.5.2.4)	
sow the deceased plive an obove, (I) (we) (did) (did ng) view the body after depth. 275. SIGNATURE DEGREE	22¢ DATE SIGNED
ATTENDING MEDICAL STAFF	214105
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIR	1 2/11/85
0 2 2 4 4 E	1.0
MIRKLAWS C. VSCACE 11600 - AVERCENCE DIS, 12	from on
230 BURIAL, CREMATION, REMOVAL TID DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	COUNTY STATE
	Bergen N.J.
DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGIST NAME CYRA 15, 4) CONTROL OF THE COUNTY AND ACCOUNTY AND	VA 8 40
(VRA 15, 4) BashRaterson, NJ 07513 FFB 0 1985 generalized	THE STATE OF THE S



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN, The law

etained by the haspital ar

BP.

and campletely filled in by the funeral director

FOR STATE REGIS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

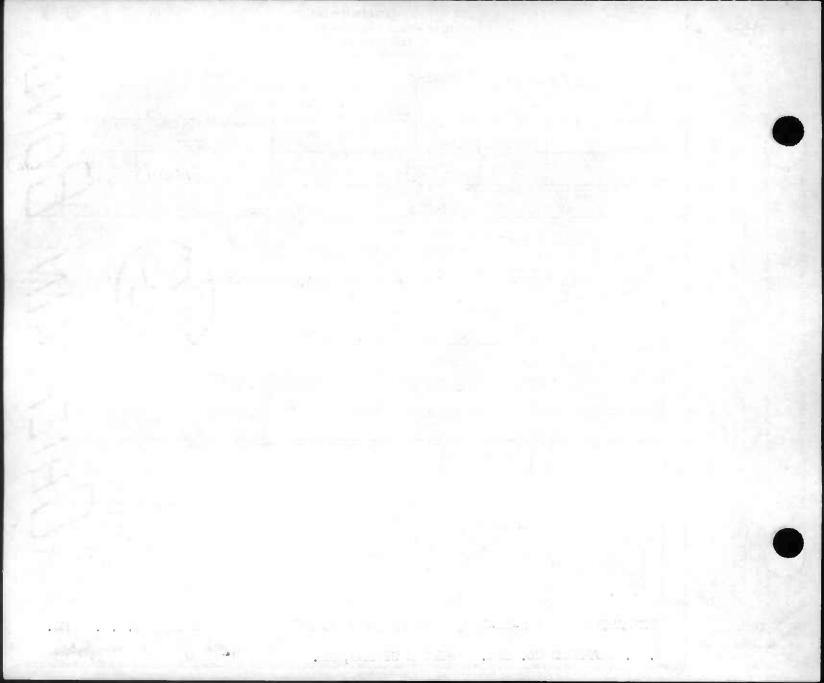
No.	

	REGISTRAR					REG. N	O.		
	ECEASED NAME FIRST	WIDDLE			LAST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
L		MES VELVIN				FEBRUARY 9	-305		3:52 a
3. St		4 RACE	- 1	5. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	ONIHS DATS	HOURS MIN
_	IALE	CAUCASIAN		JANU	JARY 1 1912	73	YRS		
	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	Th CITIZEN OF WHA		MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
_	/IRGINIA	UNITED ST		WIDOW		MONTGOMER			MD
P	ETHESDA	(IE NOT IN SUCH FAC	AVAL HOS	SPITA	or other institution $oldsymbol{L}$	RETIRED	OF WORKING LIFE	U.S.	ELECTRICIARMY
13a MA		NTY 13c.	residence before a CITY OR TOWN BETHESDA		134. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS . 6309 LANDO		2	0817
		E BURGESS	LAST			HEL MAE BUR		LAST	T
	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRI	ESS		
	YES 1930	0-1972 22	26-07-42	225	MABEL B.BURG	ESS,6309 LA	NDON I		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	CD DV	far (a), (b), and EPSIS	IC+.1	MD 20817			BETWEEN	MATE INTERVAL DNSET AND DEATH
NOIL	underlying cause last. PART 2 OTHER SIGNIFICANT								
CERTIFICATION	190 DATE OF OPERATION		1 FOR WHICH C	PERATIC	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2}	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN		RM ETC)	211 LOCATION STREET	CITY OR TO	JWN	COUNTY	STATE
	220 1 certify that (I) (this hosp saw the deceased alive a abave, (I) (we) (did) (did n	FEBRUARY	9 19	EBRU 85	ARY 7 , 19 85 and that in (my) (our) apinion of	to FEBRUA			that (1) (we) last causes stated
	OB O	rull	(J		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c. DATE:	SIGNED S
	B. HERMIL	LER, LT, M			NATIONAL CAP				
23a.	BURIAL, CREMATION, REMOVA				CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
24 5	CREMATION FUNERAL DIRECTOR	2-11-19	O5 CH	AMBE	RS CREMATORY	RIVERD		P.G.C.	Md.
1	NAME	CO. INC.	SILVE:	R SPI	RING, Ma.	1 5 105 A	ficha Da	Vidson-A	indelle-

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbandapers. Pages, with the State Dept. of Health and Mental Hygtene priar ta burial, cremation, or remaval. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

SILVER SPRING, Md.



OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page

of

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ı	•	REGISTRAR				CERTIF	ICATE OF DEA	AIH		REG. NO).				
Ì	1. DEC	EASED NAME	FIRST		MIDDLE	· ·	LAST		20 DATE OF		HINOM	DAY	YEAR	26 HOU	JR
ı	(TYPE	OR PRINT)	JAM	ES	W.	Bui	RG-ES.	5		F	EB.	4	,82	4	AM
ı	3. SEX			4 RACE	-	5 DATE C	OF BIRTH		6 AGE (INY	ARS LAST BIRT	HDAY	MONTH	DER I YEAR	IF UNDER	24 HRS MIN.
	/	MALE		WH	ITE	MA	Pch 28.	1890	9	4	YRS.	MONTH	DATS	HOURS	MIN.
1	7a. BIF	RTHPLACE ISTAT	E OR FOREIGN	76 CITIZEN O	F WHAT COUNTE	RY? 8	D NEVER MAI	RRIED 🗆	9 BALTIMO	RÉ CITY O	COUNT	TY OF D	EATH		
1	V	iRGIN.	iA	U.	SA.	WIDOWE			M	ONT	G-OM	EK	y c	20.	MD.
1	10. CI1	TY OR TOWN OF	DEATH		F HOSPITAL, NUR		OR OTHER INSTITU	NOIT	12a USUAL C	OCCUPATION FOR MOST OF	ON WORKING		DUSTRY	F BUSIN	ESS OR
1	KE	ENSING	TON	300	6 WAS	SHINGT	ON St.		TEM	7CHE	R	Pe	UB4	25c	hooks
1	U5UA 13a. S	TATE		E OR OTHER INSTITUTION	13c CITY OR T		113d. INSIDE CITY	LIMITS?	13e STREET A	ADDRESS /	ZIP COI	DE.		208	795
		Md.	MOR	TOOMER)	KENSI	NOTON	K.3	0 🗌	300	6 4	UAS	HIN	670.	NS	it.
	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S M	AIDEN NAM	ΛE	MIDDLE		0	LAS	1 ,	
	- 4	WILLI	4M	J.	BURG		M	ARY		ADDRF	C. C.	15%	ow.	\overline{v}	
ı		AS DECEASED E		ARMED FORCES'	166 SOCIAL SI	ECURITY NO.	17 INFORMANT	1.0-	- 1-	OA OA	مر سر	6		- 4	151
ı		NO			231-0.	3-4430	MRS. MI	9RJO.	RIE	PARC		SM	11-17-	>#/	3)
1		18 CAUSE OF D PART I. DE A1	EATH (Ente	r only one cause p USED BY:	er line for (0), (b)	, and Ici.)	1.0		0			-	BETWEEN	MATE INTE	DEATH
ı				DIATE CAUSE (0)_	wi	V 6-	CA	VCE				-		Cse	My-
ı					or as a conse	OUENCE OF									
		Conditions, if gove rise to	immediate)								-			
		couse (a), s underlying c	stating the cause last.	100210.	OR AS A CONSE	OUENCE OF									
ı		PART 2 OTHER	SIGNIFICAL	VI CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	IN AL DISEASI	E OR CONE	DITION G	IVEN IN	PART Lo	0	
	NO	ATRI	m	FIBRIC	UMDON	PO	OSTATE		INC15						
d	AT	190 DATE OF OP	PERATION	196 CON	DITION FOR WH		N WAS PERFORM		20s AUTO				RE FINDIN		
1	CERTIFICATION								YES	NON		YES [CAUSES	NO [
Ĭ	CER	21a ACCIDENT WA		110110	OF INJURY A.M. MONTH	DAY YEAR	21¢ HOW INJU	RY OCCURR	ED (ENTERNA	TURE OF INJUR	Y IN ITEM IS	B PART I C	ORPART 2)		
	CAL	OR CONTRIBUTING		DEATH	P.M.	19									
Ì	WEDICAL	21d INJURY OC			E OF INJURY	ICE FARM ETC)	211 LOCATION			CITY OR TO	ΝN	C	OUNTY		TATE
	<	AT WORK	OF WHILE								7/		01		
		,		ospital) attended	/ /	E7		19 75	to	EN	7_	. 19		that June	William I
		obove, (I) (4		not view the boo		9	nd that in (my) (or	opinion e	lenth occurre	d on the do	te ond h				ated
1		225 SIGNATURI	. 1/	D	18			ENDING .	MEDICAL	STAF	F	1	DATE	11	
4		22d PHYSICIAN	SNAAF	1)00	ntlus	2	22e ADDRESS	YSICIAN D	DIRECTOR				0/	118	4601
		TO A	S NAME (I	Doro	1011		226 ADDRESS	1040	1 1	ONNE		mo	7	200	7606
	12. D	UDIAL CREATA	IONI DEALON	AL TIN DATE	2001	IZ NAME OF	EMETERY OR CRI		123d LOCA					20	17
	238 B	URIAL, CREMATI	TI'S A	2-4	-100=	Chan	REDS A	DEM	1 8	OR TOWN	nai	COU	AC	C.	STATE
	24. FU	INERAL DIRECTO	OR .	Ja 3	1703	U///////	UCKS (25e. DATE	REC'D. BY R	EGISTRAR	256 REGI	STRAR'S	SIGNAT	URE	10

CHAMBERS CO INC. SILVER SPRING, MO FER

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

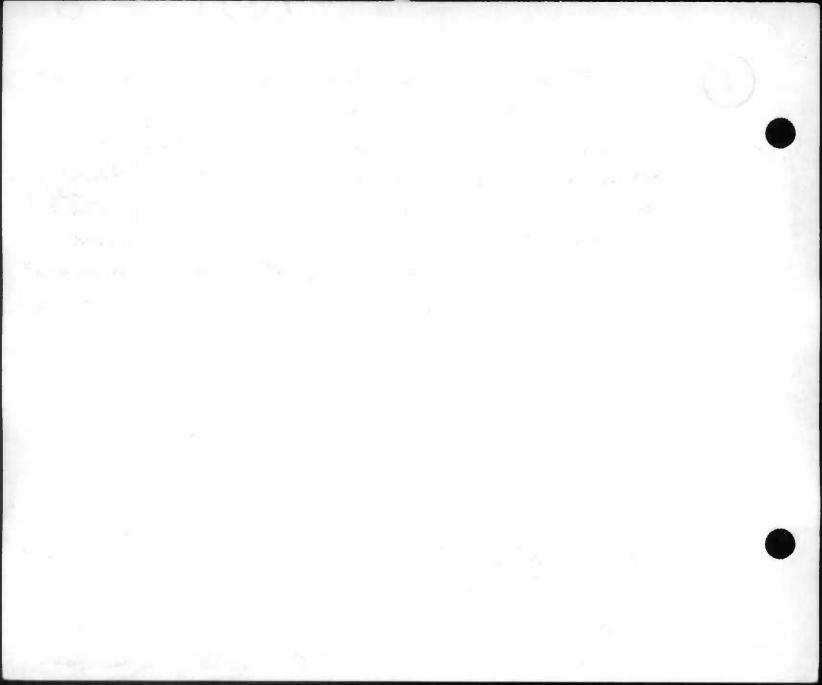
eroined by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burnol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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any injury, or other traumotic event, the

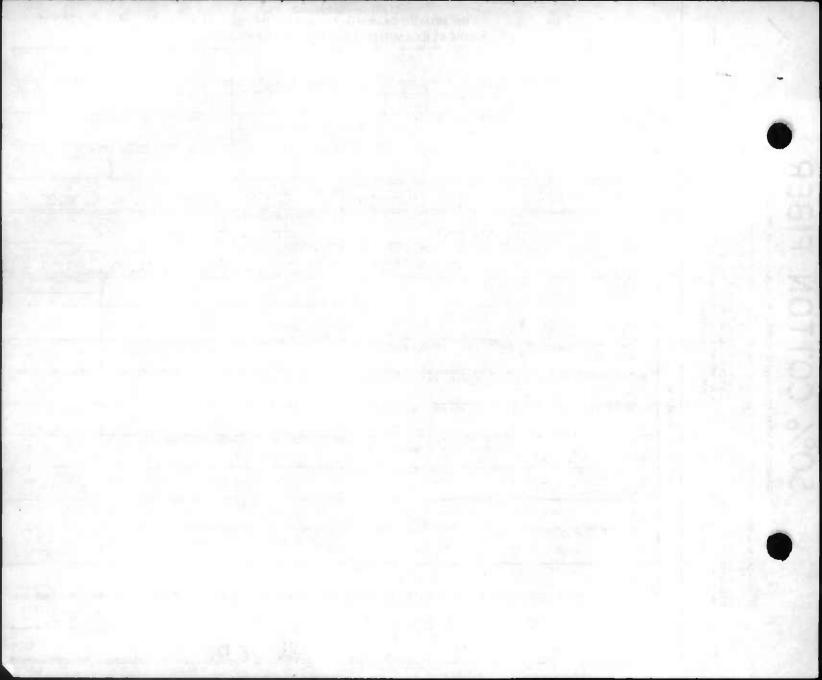
IMPORTANT Them 21 is marked or Time 18 them.



07/84 25M

DHMH - 17 (VR A15 ME (5))

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-1		REGISTRAR				ME	DICAL	EXAM	INER'	'S C	ERTIFIC	ATE O	FDEA	TH	REG.	NO.				
- 1		EASED NAME		FIRST			WIDDLE				LAST		2	a. DATE I	KNOWN	30 M	HIMON	DAY	YEAR	7h HOUR
- 1	(ite	OR PRINT)	,To	onn		r	Phoma	35		Bu	rgess	, Jr.		OF DEATH	E311-	r-1	2/2	8/	19 85	AA
- 1	1. 5EX		4 RACE		5. DATE	OF BIRTH	TIONE	6 AGE	IN YEARS			IF UNDER		c DATE		AAI	ONTH	DAY	YEAR	2d HOUR
	Ma		Blac		May	18,		61	YRS.	MÖNTH	DAYS	HOURS	MIN. F	PRONOUN				28/		8:00 A M
. 1	BI	RTHPLACE (ST	ATE OR		7b. CITI	ZEN OF WI	HAT COU	NTRY?	8 M	AARRI	ED NEV	ER MARRI	ED [BALTIM	ORE CIT	YORC	OUNT	YOFD	EATH	
N		neion country	Md.			U.S.A	1.				ED 🗆	DIVORC	- 1	Mont	gome	ry (Cou	nty	,	MD
0		Silve	r Spr	ring	1	3625 (Georg	street ADDR	ve.	ОТН	er institut	ION	12a USU	AL OCCUP OST OF WORK	ATION			126 KIN	ND OF BU	
5	Ja. 51	L RESIDENCE	131	COUNT Monto	Υ	ISTITUTION, GI	13c CIT	Y OR TOW	VN .		13d. INSIDE CIT	Y LIMITS?	13e STRE	ET ADDRES	ss son s	Stre	et		2090	16
	14. FA	THER'S NAME			9.				T	-)	15 MOTHE									
56)	FIRST		т. 1	Burg	jess,	Sr.	LAST		Ĕ,	FII	Mary		room	DDLE PS				LAST	
		VAS DECEASEI ES, NO, OR UNKNO NO		U.S. ARM FYES, GIVE W			1	-16-		Э.	Ida E		ss (S	ister	421°	2 ^{SS} Br	rige	erst	own 2121	Rd.
		Condition Wave ris cause (a) lying cou	ns, if ony se to im stating the ise lost.	wmEDIATE which mediote e under-	CAUSI	(b) OUE TO, OR	AS A CO	NSEQUEN	NCE OF		holis									
	HOM	PART 2 DTHER SI											RT 1 I a							
2	CERTIFICATION	19a. DATE OF	OPERATIO	ON	1	9b. CONDI	TION FOI	RWHICH	OPERATIC	ON W	AS PERFOR!	AED?							UTOPSY	NON
3	100	210. EXTERNA UNDERLYING CONTRIBUTIO	OR			Ib. TIME OF HOUR A.M P.M	. MONT	H DAY	YEAR	nc HC	OW INJURY	OCCURRE	D (ENTERN	ATURE OF IN)	URY IN ITEA	A 18 PART	I OR PA	_		
	MEDICAL	21d. INJURY C	NOT WI AT WOR	HILE	1	STREET, FAC			AE. 21		CATION			CITY OR TOV	WN		COI	UNTY		STATE
2		220 1 certi death results ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	ed from:	Naturo	al cause	remains des	Acciden	, [],	Suicide		TITLE (SI	PECIFY)	Undete	Inquiry rmined mo CALEXAM	INER].	DATE SIGNE		/28/	35
	23a. Bl	URIAL, CREMA									RCREMATO	RY		CATION			COUR	NTY	<	TATE
		Buri		3	=5=8	35	E	Bushy	Park	k C	'emete:			oksv.			owa	rd,	Md.	
		INERAL DIRECT		owder.	1	246 N Rockv	. Was	shing , Md.	ton 8	St. 50		MAR	061	REGISTRA	R 25b R	EGISTR	AR'S S	IGNAT	URE	



1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH			0 3. NO.	5	5	0
	CEASED NAME E OR PRINT)	PIRST	ey	A.	F	BURKE	-	20 DATE OF DEAT	H MONTH	128/8	35 /	JAM
3. SE	x Female	4.	race Whi	te	5. DATE O	S 118	91	6 AGE (IN YEARS LA	ST BIRTHDAY)		YEAR IF U	NDER 24 HKS DRS MIN.
	RTHPLACE (STATEORE COUNTRY) a.shington	OREIGN 7b	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIE		9 BALTIMORE CI Montgo			H	MD.
Be	ity or town of DEA thesda	1	2 NOT IN SUC	H FACILITY, GIVE STREET	esina	Retieen	n ent	120. USUAL OCCU (TYPE OF WORK FOR M - Secreta	OST OF WORKING		TRY	siness or st Offi
13a	AL RESIDENCE (IF NURS STATE ryland	Montgo		Give RESIDENCE BEFORE 134 CITY OR TOW Chevy Ch	/N	13d. INSIDE CITY LIMI YESXXX NO		13e STREET ADDRI 8700 Jo			d 20	0815
	ather's Name chael	T.	Dif	Greene		Mary	EN NAA	MIDE			She	eahan_
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		unavaila		Mary Eller	n Tı		•	Washin	gton	D.C.
	Conditions, if ony, gove rise to imm couse (a), stotin underlying couse	which nediote g the	DUE TO, OI	R AS A CONSEQUE		ay emb	est'				1.6	
NOI	PART 2 OTHER SIGN	NIFICANT COI	ASI	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMI	NAL DISEASE OR (CONDITION	GIVEN IN PAR	RT 110	
CERTIFICATION	1/30/81	ION	Rup	TION FOR WHICH	//	N WAS PERFORMED		YES NO	IN CER	YES, WERE FI TIFYING CAU YES	JSES OF D	
2	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	716. TIME O HOUR A	M. MONTH D.	AY YEAR	21c. HOW INJURY O	CCURR	ED (ENTER NATURE O	INJURY IN ITEM 1	IB PART I OR PAR	T 2)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🖂	21e PLACE (EET FACTORY, OFFICE, F	-	211 LOCATION STREET	Qr.	CITY	OR TOWN	COUNT	Υ	STATE
	22a. I certify that (I) sow the decease above, (I) (we) (c	d olive on F	ebruar	y 27 19		nd that in (my) (our) of	pinion d	deoth occurred on t	he date and h		the couse	
	22b. SIGNATURE	evi l	la	Rief		DEGREE ATTEND PHYSIC			STAFF IYSICIAN [335 0	11/89	4ED
	22d. PHYSICIAN'S NA		V CA	ALL MY	>	5411W	, Co	EDARCA	1. 1897	WESD	A, M	0

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carbon pape with the State Dept; of Health and Mental Hygiene prior to buriol, cremation, or remayal.

attending physicion.

TO HOSPITAL

injury, or other traumotic event, the

MPORTANT: If Hem 21 is marked or Hem 18 sho

24 FUNERAL DIRECTOR DeVol Funeral Ho (VRA 15, 4)

730 BURIAL CREMATION, REMOVAL Burial

23b. DATE

231. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d LOCATION
CITY OR TOWN
Washington

STATE

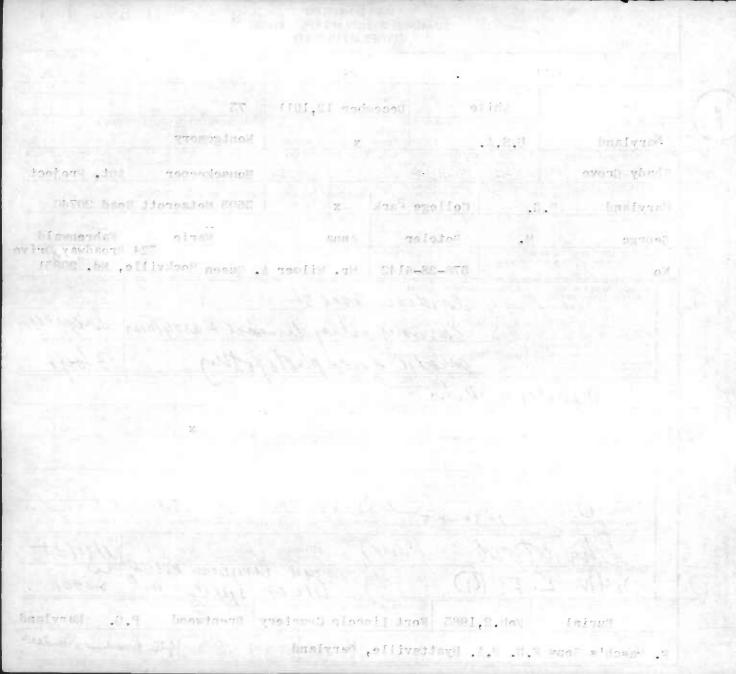
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Wisconsin Ave. N.W

ELL PANNE TO AND APTOTECO 184 CE 3 1 A STREET AND STREET A STREET ASSESSMENT OF THE STREET

	1-	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO	0	
		CEASED NAME FIRST Carol	ine A.		Burris		MONTH DAY	85 183
1.	3. SE	Female	4. RACE White		ATE OF BIRTH CONTH DAY Cember 12, 1911	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR IF UNDER 2
1	1 4	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8 MAI	RRIED NEVER MARRIED	9. BALTIMORE CITY O Montgomer	R COUNTY OF	DEATH
2	III.C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILIT	AL, NURSING HO	ME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housekeep	ON OF WORKING LIFE)	12b. KIND OF BUSINES INDUSTRY Apt. Proje
35	130. S Ma	-	INTY 13c. CI	TY OR TOWN	rk YES X NO	3605 Metz	ZIP CODE	
16	Ge	ATHER'S NAME FIRST OTGE		oteler	15. MOTHER'S MAIDEN NA/ FIRST	Mari		Fahrenwa]
2			IVE WAR OR DATES)	OCIAL SECURITY N 28-28-414		A. Queen Ro	0	Broadwood, Md. 2085
ahan, or remo		Canditions, if any, which	ATE CAUSE (a)	CONSEQUENCE C	facting due	earl + ax	rythias	Lorgo
rior to buriol, cremation, or remo my injury, or other traumatic even	ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT DI MILE	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIE ON MANUAL TO THE CONTRIE ON MAN	CONSEQUENCE CONSEQUENCE LE CONSEQUEN	pencephological portion of related to the term	IN AL DISEASE OR CON	DITION GIVEN	
ental Hygiene prior to bariol, cremation, or remo	CAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT DIVIDUAL 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIVIDENT MEDICAL EXAMINATION CONTRIBUTING CAUSE OF DIVIDENT MEDICAL EXAMINATION CAUSE OF DIVIDENT CAUSE OF DIVIDE	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIE 196 CONDITION E ATH HOUR A.M. N P.M.	CONSEQUENCE CONSEQ	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED EAR 19	INAL DISEASE OR CON 20e AUTOPSY? YES \(\text{NO \(\text{NO} \)} \)	DITION GIVEN 20b. IF YES, W IN CERTIFYIN YES [VERE FINDINGS USED IG CAUSES OF DEAT NO
of Health and Mental Hygiere prior to bailo), cremufain, or remo 21 is morked or them, 15 shapes only injury, at other traumofic even	LE	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT DEADLY 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DIVIDING LIFETHER NOTIFY MEDICAL EXAMINATION COURRED HUE NOTWHILE AT WORK 22a. I certify that (1) (this hose saw the despassed alive.	DUE TO, OR AS A (b) DUE TO, OR AS A (c) GONDITIONS CONTRIE 196 CONDITION 6 216. PLACE OF INJU (AT HOME, STREET, FACE)	CONSEQUENCE CONSEQ	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED EAR 19 211. LOCATION	INAL DISEAS OR CON 20e AUTOPSY? YES NO SE RED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [IRY IN ITEM TB PART	VERE FINDINGS USEI IG CAUSES OF DEAT NO [1 1 OR PART 2) COUNTY S
th the State Ceat. of Health and Mental Hygerie prior to barriol, cremufan. or rema PORTANT. If them 21 is marked or them 18 stages any Injury, at other traumofic even	CERTIFI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DICTION CONTRIBUTING CAUSE OF DICTION COURSED 11d. INJURY OCCURRED 22a.1 certify tha (1) (this has	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIB THE CATH P.M. 21b. TIME OF INJU HOUR A.M. M P.M. 21e. PLACE OF INJ (AT HOME. STREET, FAC	CONSEQUENCE CONSEQ	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED EAR 19 211. LOCATION SIREET 2 - 2 - 19 , and that in (my) (aur) apinion of the performed of the performed of the performance of the pe	INAL DISEAS OR CON 20e AUTOPSY? YES NO SE RED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [IRY IN ITEM 18 PARI OWN 19- ate and haur an	VERE FINDINGS USED IG CAUSES OF DEAT ON COUNTY S

STATE OF MARYLAND



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DECE	ACED	M	AA

STATE OF MARYLAND DEPARTMENT OF

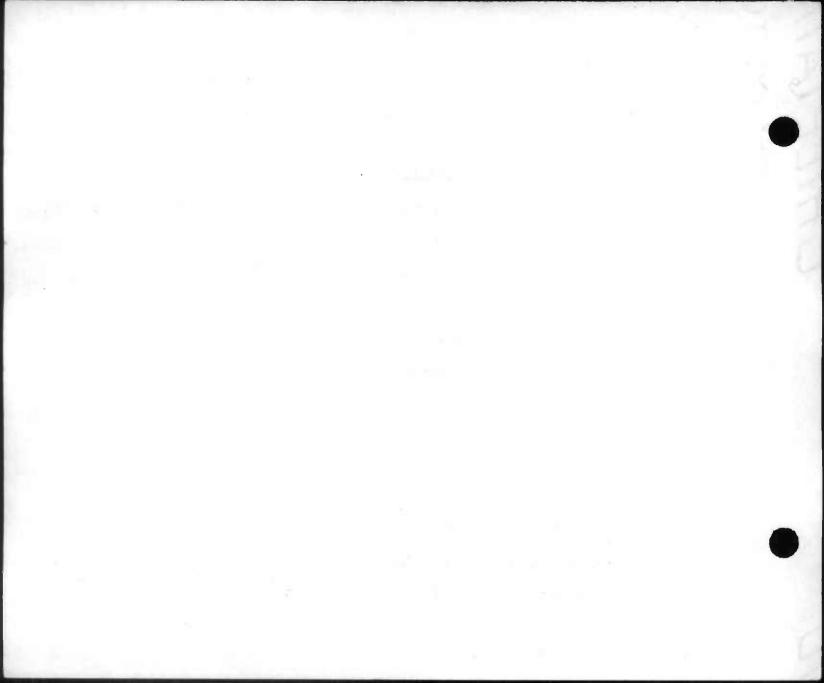
HEALTH AND MENTAL HYGIENE	0	2	U	9		
FICATE OF DEATH		REG. NO.				

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
	CEASED NAME	FIRST	٨	MIDDLE	ŧ	AST		20 DATE OF DE		IIH D	AY YEAR	26 HOUR	?
TYPE	OR PRINT)	Thelma	(NI	MN)		Butler		Februar	rv 16.	198	85	12:20	DA M
3 SE)	(1	4 RACE		5. DATE C			6 AGE (IN YEAR	LAST BIRTHDAY		F UNDER I YEAR	IF UNDER 2	
	Female		Ne	egro	Octo		, 1935	49		YRS.	ONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATI	OR FOREIGN	6 CITIZEN OF	WHAT COUNTRY?	8	n W NEVER	MARRIED -	9 BALTIMORE	CITY OR CO	YTNUC	OF DEATH		
	shingto	n.D.C.	USA	4	WIDOWE	_	NORCED	Montgo	omery	Cour	nty		MD.
	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN			TITUTION	12a USUAL OC		BK ING THEE	12b. KIND C	F BUSINES	SS OR
В	ethesda		NIH,	HEACILITY, GIVE STREET. The Clini	cal C	Center		Grant			Asst.	NI	Н
13q S D	AL RESIDENCE (# ILATE C	NURSING HOME OR		GIVE RESIDENCE BEFORE 13: CITY OR TOW Washingt	N	13d. INSIDE	CITY LIMITS?	13e.STREET ADO	DRESS / ZIP	CODE	9	200	012
14. F.A	THER'S NAME			LAST		15 MOTHER	'S MAIDEN NAM						
1	Eugene	٨	AIDDLE	Nicken	15	Н	elen	٨	NIDDLE		Wve		
6a V	AS DECEASED E			166 SOCIAL SECU		17 INFORM			ADDRESS		11.40		
(1	res, no or unknown	(IF YES, GIVE	WAR OR DATES)	578-46-	1719	Mr.	Emanue1	Butler	(Husb	and)) Sa	ıme	
		ATH (Enter pol	v nne chuse ner	line for (a), (b), and	dien	-					APPROX	MATE INTERV	/AL
	PART I. DEAT	H WAS CAUSED	BY:	Rectal Ca							- BE 111 E 21	great have	24.11
		IMMEDIAT											
	Conditions, if	and the second		rasaconseoue Metaboli		docie							
	gove rise to	immediate)			00313							
	couse (a), si underlying co	oring the ouse lost	DUE TO, OF	RAS A CONSEQUE Septicem									
	DART 2 OTHER	ICNIEICANII C	(5)	ONTRIBUTING TO E		NOT BELATE	D TO THE TERM	INIAI DISEASE C	D CONDIT!	201 C 11/5	TALIAL DART 1.		
Z	PART 2 OTHER.	DIGITICAL C	ONDINONS <u>CC</u>	DIVINIBOTING TO L	ZEATH BUT	NOT KELATE	D TO THE TERM	III AL DISEASE C	K CONDING	JIN GIVE	CIA HA LWKI TI	i.	
ATIC	19a DATE OF OP	RATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPS	Y? 201	b. IF YES,	WERE FINDI	NGS USED	
IFIC								YES TO N	IN (X)		YING CAUSES	OF DEATH	
CERTIFICATION	21a. ACCIDENT WAS	UNDERLYING	21b TIME O	FINJURY		21c HOW I	NJURY OCCURR	RED (ENTERNATUR				110	
	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH DA									
MEDICAL	(IF EITHER NOTIFY	MEDICAL EXAMINER)	21e PLACE (19	21f LOCAT	ION						
ME	WHILE NO	T WHILE		REET FACTORY OFFICE, F	ARM ETC)	STREE			ITY OR TOWN		COUNTY	51	ATE
	22-1 46-46-	WORK	-1) -44		May 9		1084	. Rehi	cuary	16 .	9.85	Alama SE	
	to the dec	t (I) (this hospit	Februa	e deceosed from _ ary 16 19		nd that in IIX		death occurred a	-			that X (w	
(7% SIGNATURE	and the	yew the body.	ofter death.		DEGREE					22c. DATE		
	7	10.1	I V	Insand			ATTENDING	MEDICAL	STAFF			16,	100
- 4	774 PHYSICIAN		VP.	motors	S CALLED	22e ADDRE		DIRECTOR _					TAQ
	Pall		ARBA	VER			MacT	onal Ins Maryland			or Heal	.tn	
	IHWC)			
	URIAL, CREMATK	ON, REMOVAL	23b DATE	23€. ٢	AME OF C	EMETERY OR	CREMATORY	23d LOCATK			COUNTY	51	ATE

*TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and as should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked or Hem 1 Penner any DHMH - 16 50M 4/83 (VRA 15, 4)

Burial Feb. 21,1985 Hamrony Memorial Park Landover, Maryland

124 FUNERAL DIRECTOR TO The Land State of the S



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certificate has been

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or Hem,

If Hem

CERTIFIC

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 26 HOUR MIDDLE 1. DECEASED NAME 5:30^P TYPE OR PRINT Linnie February 6. 1985 B . Buttry AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3 SEX 15 08 76 White **FEMale** BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Tenn. USA Montgomery DIVORCED [WIDOWED 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH H. Maker INDUSTRY (MENOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Montgomery General Hospital Olney 20872 USUAL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Mont. 13d. INSIDE CITY LIMITS? 9809 Bethesda Church Rd. Md. Damascus NOXT 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Winstead Cindy John Seal ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO

no or unknown)	(IF YES, GIVE WAR OR DATES)	220-28-6877	Ollie M.	Shrewsh	perry	Same as 7	
18 CAUSE OF DEATH PART I. DEATH W	H (Enter only one couse pe 'AS CAUSED BY: IMMEDIATE CAUSE (o)	STREP	FECALI	SEPI	1100m	Be	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, gove rise to imm couse (a), statin underlying couse	DUE TO, C which (b) (b) DUE TO, C	OR AS A CONSEQUENCE OF					
PART 2. OTHER SIGN		ONTRIBUTING TO DEATH BUT			AUTOPSY?		ERE FINDINGS USED

21f. LOCATION

22e ADDRESS

ATTENDING

YEAR

19

DAY

FUNERAL DIRECTOR: should be detach MPORTANT: 22d. PHYSICIAN'S NAME 23a BURIAL, CREMATION, REMOVAL 23b. DATE

210. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

22b. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive on. obove, (1) (we) tdid) (de

22a.1 certify that (I) (this hospital) attended the deceased from

23c. NAME OF CEMETERY OR CREMATORY

Laytonsville

DEGREE

17904 GEORGIA AVENTE MARYLAND

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

and that in (my) (our), opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

(SPECIFY) BURIAL FEB.9,1985 24 FUNERAL DIRECTOR

Laytonsville Mont. Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

21h TIME OF INJURY

P.M

21e. PLACE OF INJURY

view the body ofter death

MONTH

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

HOUR A.M.

COUNTY

22c DATE SIGNED

STATE

The second secon
Total Automotive to the control of t

completely filled in by the funeral direct of and 2 should be filed within 72 hours

njury, or other troumotic event, the medicol

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the buriol-fransit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or them 18 shows ony

OR TATE EGISTRAI

STATE OF MARYLAND

CERTIFICATE OF DEATH REG. NO.								
E	Byrnes	2a DATE OF DEATH	момтн	5	85	8 HOUR		
	July 30, 1919	6. AGE (IN YEARS LAST 8	RTHDAY)	MONT	DER I YEAR	# UNDER 24 1RS HOURS MIN.		

REGISTRAR				CEKIII	ICATE OF DEATH		REG. NO.			
I. DECEASED NAME (TYPE OR PRINT)	Ma		LEE	-	yrnes	2a DATE OF	DEATH MONTH	5 85	26 HOU	4
Fema	le_	4. RACE Whi	te	July	of BIRTH 30, 1919 YEAR	6. AGE (IN YE)	ARS (AST BIRTHDAY) YRS	MONTHS DAYS		MIN.
Ta BIRTHPLACE (STATE OR F Washington,		U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED		ecity <u>or</u> count			MD
10. CITY OR TOWN OF DEA Bethes d			OSPITAL, NURSING	ADDRESSI	OR OTHER INSTITUTION	120 USUAL O	CCUPATION FOR MOST OF WORKING I OUSEWIFE	126. KIND INDUSTRY	OF BUSINE	SS OR
DOOME WESIDELLE (" OND	13b COUN	OTTION HASHINGING	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Silver Sp	V	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13 e STREET AI 3620	DDRESS / ZIP COD Peartree	Ct. #1	3 209	06
14 FATHER'S NAME FRST Frank		MIDDLE	Jones		Jane		A ^{IDDLE}	Hurle	AST Y	
168 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	579-26-7		James P. F	Byrnes	same as 1	3e		

18 CAUSE OF DEATH (Enter only one couse per line for lot) (b) ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). ARCHAA HREST	BETWEEN ONSET AND DEATH
Conditions, if ony, which (b) HOUTE MY DEARDIAL INFAREMON	30 min
gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CORONARY ARIERY DISEASE.	142

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR		JRRED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR PART ?)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE

22c. DATE SIGNED STAFF

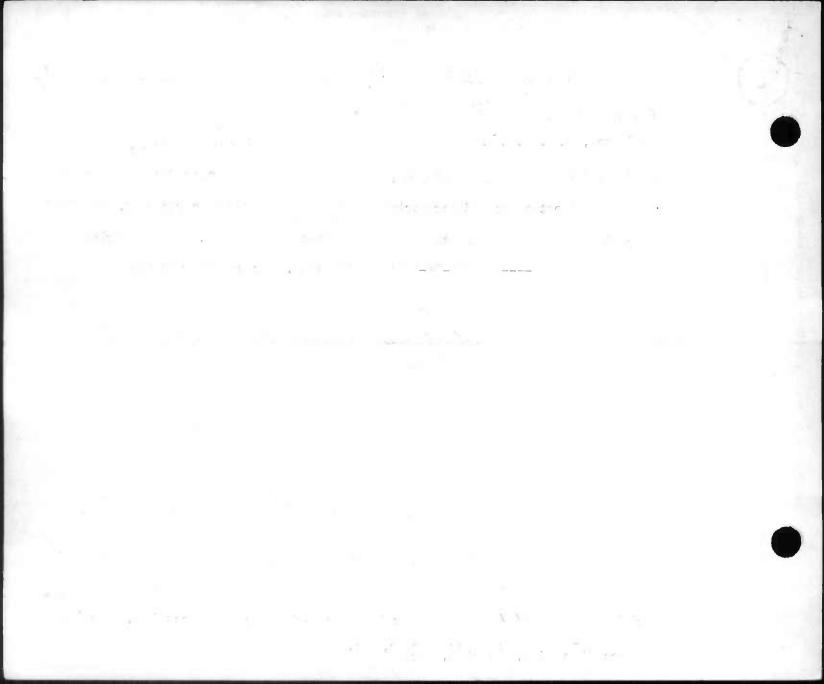
ATTENDING PHYSICIAN MEDICAL 22d. PHYSICIAN S NAME (TYPE OR PRINT)

RUGER STEL	VENSON, VA	e ms 11125 ROCKVILLE PIKE POCKVILLE, M
238. BURIAL, CREMATION, REMOVAL Burial	23h. DATE 2/8/85	Parklawn Memorial Park CHY OR CREMATORY Parklawn Memorial Park CHY OR TOW ROCkville; OutMaryland And Andrew Parklawn Memorial Park

1331 Rockville Pike, Rockville, Maryland 20852

Parklawn Memorial Park CITY OR TOW Rockville, OW Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)



and completely filled in by the funeral director ages I and 2 thank he filed within 72 hours of

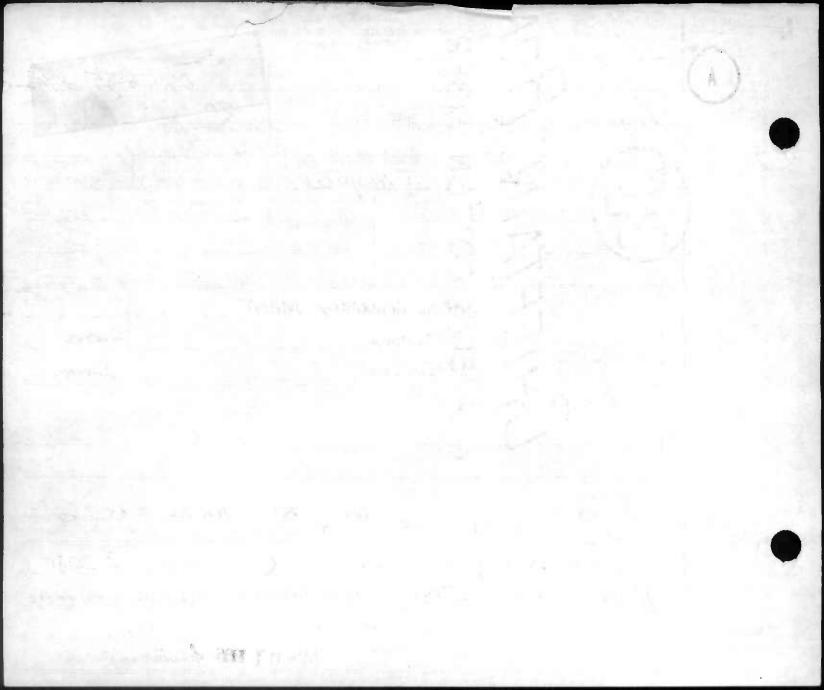
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

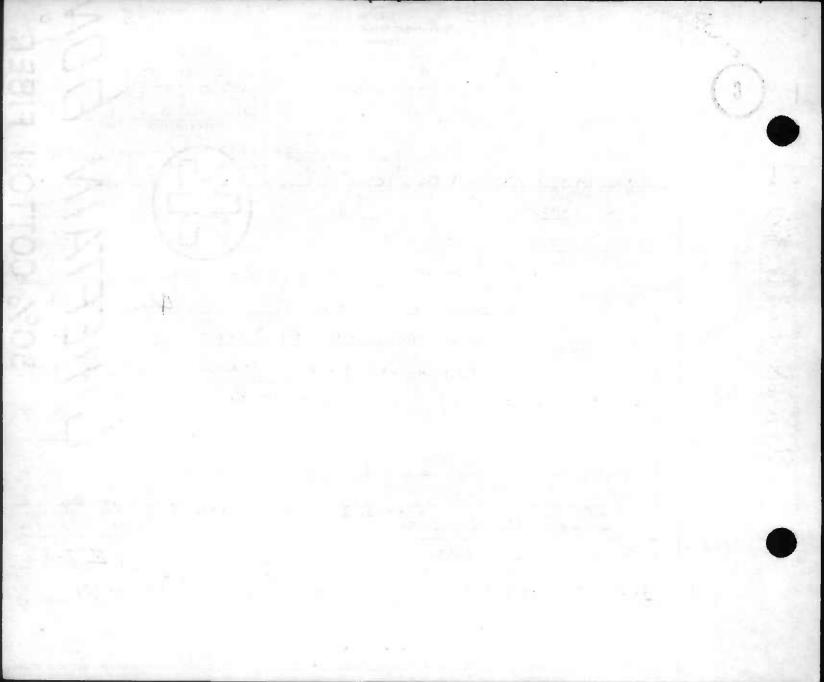
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REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
ECEASED NAME	-700	MIDDLE	psi O.	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 245
01	LA PACE	IS DATE (CRAN DE RIPTH	A AGE (IN YEARS LAST BIR	THOAY) JE LINE	DER LYEAR OF UNDER 24 H
Low	00 4116	MONTH	DAY YEAR	80	MONTH	
IRTHPLACE (STATE OR	FOREIGN 76 CITIZEN OF	WHAT COUNTRY? 8		BALTIMORE CITY C	PR COUNTY OF D	EATH
country)		MARRIE	499	MINTA	1 11/1/1	,
		HOSPITAL, NURSING HOME C		120 USUAL OCCUPAT	ION IN	KIND OF BUSINESS
ilnos St	LINE STENOTINSU	AA (AAA)	ospital	Secretary	(Ret.) B	oard of Edi
AL RESIDENCE			1134 INISIDE CITY HAUTS?			
ryland	Montgomery	Rockville	YES X NO			y Road (20
ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE		LAST
Abraham		Kramer	Shulie		W	alder
YES NO OR UNKNOWN	IN U.S. ARMED FORCES?			ADDR	Pôtomac,	Md. 20854
NO		188-28-8949	Rabbi Leonard	d Cahan; 117	01 Amble	side Drive
18 CAUSE OF DEATH	H (Enter only one cause per	r line for (a), (b), and (c		-5	_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PARTI. DEATH	IMMEDIATE CAUSE (a)	CAHUDIO ROSA	IRASOLY HILL	691		
	DUE TO, C	R AS A CONSEQUENCE OF			1	2 weres
		LIVERMONI				X WE FICS
cause (a), stati		R AS A CONSEQUENCE OF				O Edge
	(6)					Linone
1000		\$	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 110
			N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WEI	RE FINDINGS USED
				YEST NOM		CAUSES OF DEATH?
21 a. ACCIDENT WAS UN			21c. HOW INJURY OCCURE			
	CAUSE OF DEATH					
	RED 21e PLACE	OF INJURY	211 LOCATION	677 0076		OUNTY STATE
WHILE NOT W	HILE THOME ST	REET FACTORY OFFICE, FARM, ETC.)	STREET	CITORIC	, wa	OUNTY STATE
		ne deceosed from	OFC 19 83		26 19 6	5 , tho (D(we)
sow the decease	ed olive on 128	26 19 65 , at	nd that in (my) (our) apinian	death occurred on the d	ate and hour and	from the causes stated
226. SIGNATURE	did told flog viswillie oddy	other deom.	DEGREE	,		22c. DATE SIGNED
1/2	les Coent	1	PHYSICIAN X			2-26.85
224 PHYSICIAN'S N	AME (TYPE OR PRINT)	1	27e ADDRESS			
120B429	· L. ROSING	ERG MAD	10313 GEER	GA ANT SIL	VER SPRA	C, MD 2090
BURIAL, CREMATION	REMOVAL 236. DATE	23c NAME OF C		236. LOCATION		
(SPECIFY)				CITY OR TOWN	ISRAI	EL STATE
UNICOAL DIDECTOR T			CLIDE C. 35m DAT	E REC'D. BY REGISTRAR		
UNEKAL DIRECTOR	JAIN ZAINSKY -GUL	DREKG MEMORIAL	CHPLS J	E REC D. BT REGISTRA	236. REGISTRAR'S	SIGNATURE
	RTHPLACE (STATE OR COUNTRY) PMSY Vani WITY OR TOWN OF DE AL RESIDENCE STATE AL RESIDENCE STATE CYLAND AL RESIDENCE STATE CYLAND AL RESIDENCE STATE AL RESIDENCE STATE CYLAND AL RESIDENCE STATE CYLAND AL RESIDENCE STATE CYLAND AL RESIDENCE STATE CYLAND AL RESIDENCE FIRST AD TA HAM CONDITION CONDITION CONTRIBUTING THE STITLE NOTIFY MED TOWN T	RTHPLACE (STATE OR FOREIGN TO CITIZEN OF COUNTRY) AL RESIDENCE HOW OF DEATH TO THE RISTITUTION STATE AL RESIDENCE HOW TO THE RISTITUTION STATE AL RESID	CEASED NAME OR PRINT! A RACE JUNE IRTHPLACE (STATE OR FOREIGN OF CITIZEN OF WHAT COUNTRY?) INTO R TOWN OF DEATH INTO R TOWN OF	CRASED NAME CORPRINT) REALE RACE	REASED NAME CORPORATION RECASED NAME CORPORATION RECASED NAME CORPORATION RECASED NAME CORPORATION RECASED NAME AND DATE OF BIRTH ACCE JS. DATE OF BIRTH ACCE	TEASED NAME ARCE SOATE OF BIRTH SOATE OF BOATE SOATE OF BIRTH SOATE OF BIRTH SOATE OF BOATE SOATE OF BIRTH SOATE OF BOATE SOATE OF BIRTH SOATE OF BOATE SOATE OF BIRTH SOATE OF BOATE SOATE SOATE OF BOATE SOATE SOATE

DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After the conditions has been signed by should be detached for use as the buriof-transit germit. Their please with the State Dept. of Health and Mental Prygine prior to buriof. or





Poge 4 moy be

requires that the death certificate be executed within 24 hours ofter

b the tuneral director, page

						E OF MARYLAND	8 5	0	5 5	17	
,	1-	FOR STATE		DEPA		ICATE OF DEATH	IENE O				
	1.05	REGISTRAR	FIRST	WIOOTE		AST	REG. NO	D. MONTH DAY	YEAR 26 HOU	ID .	
		OR PRINT)			0		20. DATE OF DEATH	9/85		15/	
	2 551		AMU:	S Hilton	carm	of BIRTH	6 AGE (IN YEARS LAST BIR	100	RIYEAR IEUNDER	PM	
	3. SEX	X	4		110117	0.14 75.48		MONTHS	DATS HOURS	MIN.	
1		Male		Caucasian		. 14,1904	80	YRS	ATU		
17		RTHPLACE (STATE OR I		b. CITIZEN OF WHAT COUNTE	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O				
	Name and Address of the Owner, where the Owner, which is the Owner	ashingtor		United State			Montgo	mery Co		MD.	
11	10 CI	ITY OR TOWN OF DEA		(IF NOT IN SUCH FACILITY, GIVE STI	REET ADDRESS)		TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	USTRY Auto	omobi.	
U		ethesda		Kensington (S	Thomas Au	to Serv	ıce		
E	13a. S	at residence (if nurs state ryland	13b. COUNT	gomery Bethe	OWN	YES NO X	13e STREET ADDRESS 5914 Aud	ubon Ro	ad 2081	14	
10	14 FA	THER'S NAME		VIDDLE LAST	1 0	15. MOTHER'S MAIDEN NAM		Ma	NT _ 178571		
U		James	Hil	Ton Carmicha	ael Sr	. Kathryn			Natly		
		VAS DECEASED EVER				17 INFORMANT WI	fe ADDRE				
/	I	YES NO OR UNKNOWN)	(IF 123, GIVE	WAR OR DATES) 578 09	9 2487	Eddiebell	e Carmich	ael Sam	e as 11	tem 1	
		18. CAUSE OF DEAT	H (Enter only	y one couse per line far (a), (b),	ond ic .	1 .	0 1	В	APPROXIMATE INTER	DEATH	
		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o) Orthregislarder React desire 4724.									
2		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which									
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
injery, or other indument		underlying couse	last	(c)	4027102 01						
		PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN I	PART Ira		
5	NO N										
5	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		FINDINGS USE		
Lan	E	Section 1					YES NO	YES 🗌	NO [_	
	Ü	21a. ACCIDENT WAS UNI		21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART ?)		
7	N N	OR CONTRIBUTING			19						
5	MEDICAL	21d INJURY OCCUR		21e. PLACE OF INJURY	CE CARIA STC)	211 LOCATION	CITY OF TO	wn co	unty s	STATE	
N C	2	AT WORK AT WO	HILE	(AT HOME, STREET, FACTORY, OFF	CE FARM, EIC)			,			
Ē			Whis hospite	al) offerded the deceased fro	m	10/23, 19.84	, ta2	19, 195	5 tho	ke) last	
7		saw the deceas	ed live on_	view the body after death.	985.0	nd that (n (my) our) opinion (death accurred an the d	ote and hour and f	rom the couses st	ated	
MYCKI ANI: If Nem 21 is marked or liem		276 SIGNATURE	1			DEGREE		22	C. DATE SIGNED	4 - 1-	
- 1		120	Raso	ulleve !	(1.1)	ATTENDING PHYSICIAN	MEDICAL STA		2/19/5		
Z		774 PHYSICIAN'S N	AME refre on	MINIT		22e. ADDRESS 37		YOUT AU	il.		
5		BANRY	N. R	OSENIBAUM		KEN	51467-01			-	
-	1	1011111				1 Cju		11-11-6			
7	23n F	BURIAL CREMATION	REMOVAL	123h DATE Figh	3c NAME OF (CEMETERY OR CREMATORY	23d LOCATION				
	23a E	BURIAL, CREMATION,	REMOVAL	1 00.		of Heaven	23d LOCATION CITY OF TOWN S11ver	Spring	Mary1	and	

DHMH - 16 60M 7/B4

BP.

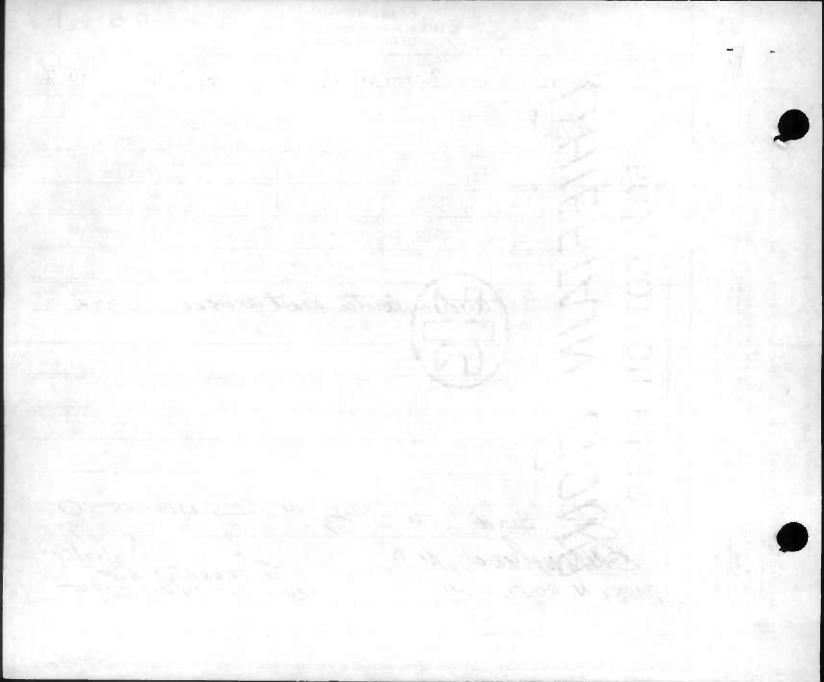
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

(VRA 15, 4)

PUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., BETHESDA, MARYLAND

Lavidson-Randose



ned by the attending physicion and completely filled in by the funeral direc please remove carbanpopers. Pages 1 and 2 should be filed within 72 hours

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

7	1 -	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT			() 3. NO.	5 5 1	8
1		CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEAT	H MONTH D	AY YEAR 26. HOU	R
1	(TYPE	PORTIA		н. (ALSO				2 2	8 85 6:08	AM
/	3. SE		4 RACE	,	5. DATE C			6 AGE (IN YEARS LA		IF UNDER TYEAR IF UNDER	24 HRS
		Female	White		монтн З		AR 4	70	YRS	LONING DAYS HOURS	MIN.
31	70. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A PRIE	□ NEVER MARRI	ED 🗆	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
let /	Wai	shington,D.C.	U.S.A	•	WIDOWE			Montgo	mery		MD.
27/		koma Park	F NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHERINSTITUTI t Hospita		120, USUAL OCCU (TYPE OF WORK FOR AN Secreta	OST OF WORKING LIFE	126 KIND OF BUSINE INDUSTRY U.S. Gove	
3	13- 0	ALRESIDENCE OF NURSING HOVE OF STATE Maryland P. (R OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIV YES TO NO	MITS?	134 2027 354 E	-	20710	
Comine (1) .	ATHER'S NAME FIRST USTAVE	WIDDIE	LAST Hause	r	Rose FIRST	DEN NAM	ME	N.E.	Bergman	
the medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	560-64-0		17 INFORMANT Gustave	н.		202 54tl		710
: If hem 21 is marked or Item 18 shows any injury, ar other traumatic event	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS [MMEDIA Conditions, if ony, which gove rise to immediate couse to), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 1 2 2 1 190 DATE OF OPERATION 1 2 1 191 CAUSE OF OPERATION 1 2 1 191 CAUSE OF OPERATION 2 1 1 2 1 1 2 1 1 3 1 1 3 1 1 3 1 1 3 1 1 4 1 1 3 1 1 4 1 1 5 1 1 5 1 1 5 1 1 6 1 1 6 1 1 7	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196. COND 216. TIME CO HOUR A. R) P. 21e. PLACE [AT HOME STI	ITION FOR WHICH CONTRY OF INJURY M. MONTH DI M. OF INJURY REET, FACTORY, OFFICE F	ENCE OF ENCE OF ANY DEATH BUT TO DA OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED TO THE NAME OF T	SAS COCCURR	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF	20b. IF YES IN CERTIFY YES INJURY IN ITEM 18 PA	, WERE FINDINGS USE(YING CAUSES OF DEAT NO [we) lost
APORTANT		SAMIR N	ORPRINTS	M.D.		Inn ADDRESS			v. 512	yee Sprin	

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY

GEORGIA AV. SiLYGE SPRING

23g BURIAL, CREMATION, REMOVAL (SPECHY)
Burial 236 DATE 3-4-85 Fort Lincoln Cemetery

23d LOCATION CITY OR TOWN Brentwood

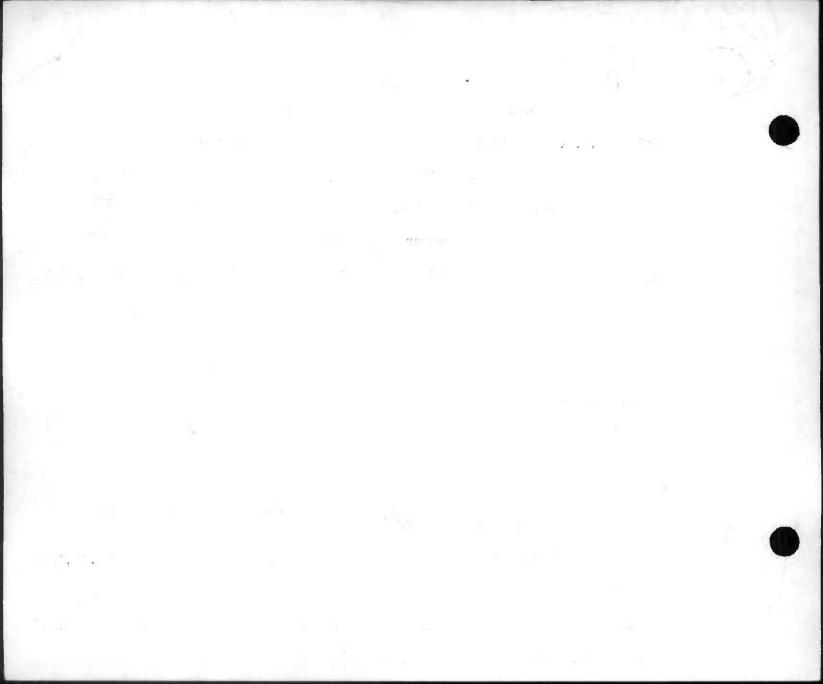
COUNTY PG

24 FUNERAL DIRECTOR Francis Gasch's Sons MAR 7 1985 REGISTRAR'S SHONALURE

Hyattsville Md.

20781

Maryland



urial-transit permit. Then please remove carbon papers. Pages, sential Hyggers prior to burial, cremation, or removal.

any injury, or other from

IMPORTANT: If them 21 is manhad to TO FUNERAL DIRECTOR After the should be detected for use of the with the Stote Dept of Health and

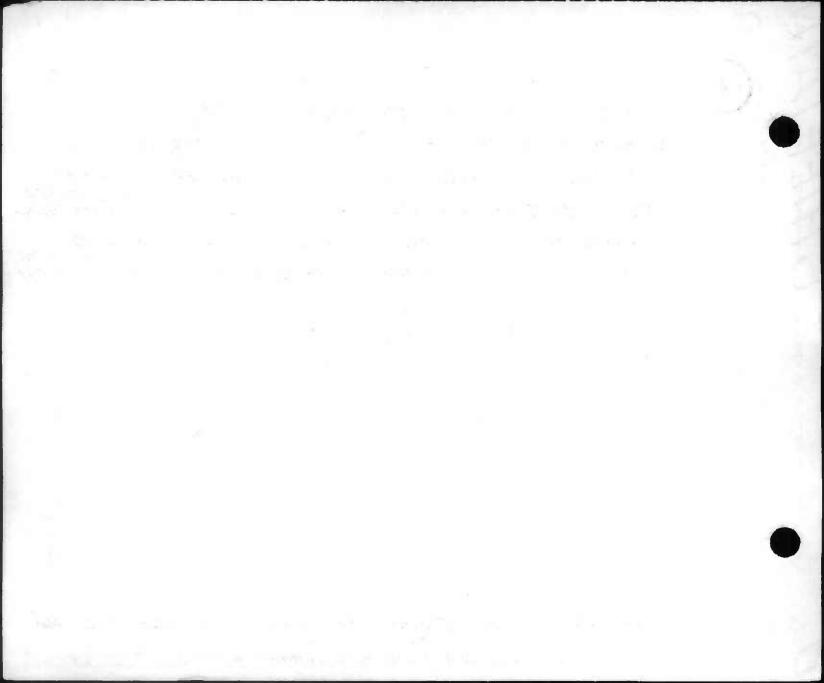
3 1	FOR
-	STATE
5 .	DECKETOAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١	1-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
1		EASED NAME FIRST	*	MIDDLE		AST AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	_
ı		20001	YSO_	J.	(pleauri	2/11/18			10.00a	M
- 1	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
А		MALE	WH	ITE	JAN	1.28,1908	77	YRS		1000	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DEATH		_
Ø	A	(ICARAGILA	NICA	RAGUA	WIDOWE		monto	m	norv	CON	AD.
7	II, CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	,	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12V KIND	OF BUSINESS O	_
Λ	PX	thound	HE NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	2	(TYPE OF WORK FOR MOST O	OF WORKING	INDUSTRY	Au)	
4	115114	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE REFOR	E ADMISSIONI	2()	~ ~ rw B	_		7 W	_
0	130 S	TATE / 136 COU		13c CITY OR TOW		136 INSIDE CITY LIMITS?	134 STREET ADDRESS	/ ZIP CO	DE (#302)	20850	Z
4		Md. Mon	TOUMERY	ROCKVI.	LLE	YES NO	12313 V	ILLA	GESQUA	RE TER	R.
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST	,	15. MOTHER'S MAIDEN NAM	WE		. 14	51	
1		FRANCISCO	C	ELEDO	N	MARIA	2.	- 6	PROZC	0	
٦			MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDR	ESS//O	32 POWDE	ER HORN D	TR
/1	{Y	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	220-94-	7938	SYLVIA DRI	SCOLL	POT	OMAC.	Vd. 208.	54
	-	74	1	11	1100	10/2011 DN	360~~	7,-7	APPRO	XIMATE INTERVAL	\cong
-		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			Mu Rs	month onet			BETWEEN	ONSET AND DEATH	
- 1		IMMEDIA	TE CAUSE (a)	CV	nu 19	1111947 01151			_		_
- 1			DUE TO, O	R AS A CONSEQU	ENCE OF .	Hest Disease					
- 1		Canditians, if any, which gave rise to immediate	(b)	.(1)	allon 10	Mary Discuse					
- 1		cause (a), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF	1			1		
	0	underlying cause last	(_(c) _		DIAL	ts muuis					
- 1		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN PART 1	10	_
-	CERTIFICATION	Idna	4 insup	ulling;	nuum	inia, conjetul	west jallel				
ク	TAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FIND		
-	Ĕ						YES NOW		TIFYING CAUSE YES	NO [
4	ER	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INJURY		21c HOW INJURY OCCURR					
		OR CONTRIBUTING CAUSE OF DE	AIII	M. MONTH D							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	P. P. PLACE	M.	19	21f LOCATION					_
	MEC	WHILE NOT WHILE		REET FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE	
		AT WORK			- 11	11/1/2 X1	7/19	Luc	* (
		220.1 certify that (1) (this hasp	7/16	141	8) /	3//02 19/	, lo	113	. 19	, that (I) (we) la	ist
		saw the deceased alive ar abave, (1) (we) (did) (did no		7 2 2) ar	nd that in (my) (aur) apinian o	death occurred an the d	ate and h	aur and from the	causes stated	
		276 SIGNATURE	1	1-11/		DEGREE	/		22c DATI	ESIGNED	_
i		JUJEAY	CIRUS /	WILL /		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	4	11/183	
П		278 PHYSICIAN'S NAME (TYPE	OR PRINT!			22e ADDRESS	141 -1		, , , ,		_
		JOJE A QUIRUS	h// //			5400 W11 co	NIN BU. CHI	vy cu	Isl MD	20815	
\dashv	71c P	URIAL, CREMATION, REMOVAL	1231 DATE	172,	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-	-		=
	238 D	SPECIFY DE MINT	2-18-		Heam	IREDC APEA	SITY OR TOWN	nn	COUNTY	STATE	
	24 E-	INERAL DIRECTOR	100 18	11-0	17/7/9	DUNS CKEM	E REC'D. BY REGISTRAR	VITA	- 10-C	- May.	_
	اع 14 ا	NAME O ILA	-1-	ADDRESS	556E	CEL	2 9 4 TUNA	Tulia	Agenda -	D	
	u	W. CHHMBO	EKS Co.	INC. S.	LUER	SPRINGIM 2000	Ja Ji MAN	7	- Andrew	contrates	4

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



STATE OF MARYLAND

ı	1 -	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG FICATE OF DEATH				300	
		CEASED NAME FIRST OR PRINT)	MARYBELL	Ch	ablin	REG. NO	MONTH DAY	YEAR #5	: 1	RO M
	3 SEX		A RACE CAUCASTAN	5. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONI	NDER I YEAR	IF UNDER :	-
3	7a BIF	RTHPLACE (STATE OR FOREIGN OUNTRY) RGINIA	76 CITIZEN OF WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
	TA	TY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET WASHINGTON ADVI	ENTIS	OR OTHER INSTITUTION	MONTGOME 12a, USUAL OCCUPAT N (1YPE OF WORK FOR MOST OF PRACTICAL	ON 1 F WORKING LIFE) 1	26. KIND OI NDUSTRY HON	NIIRS	SS OR ING
2	130. S MA	RYLAND MONTGO		/N	13d INSIDE CITY LIMITS? YES XX NO [13e STREET ADDRESS / 507 NEW		ENUE	209	12_
7	NA	THENIAL BE	FLL GARBER		MARY	CATHER 1		LAST	FIX	
	Ni Ni	(AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES GIV O	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 227-24-6		MARY WANCHECK	ADDRE SAME AS		-	IGHTE	
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ED BY TE CAUSE (o) Cy 463		HEART F.	Michele .		BETWEEN C	MATE INTER	VAL DEAJH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b) A CONSEOU (b) A CONSEOU (c)	105 81	notic canow	VASCULAR O	MEKE	78	arj	
	NOIL	Aurtie		Enia	. ATRIAL E	7 BRILLATION	. NOO	146 1	GRYL >	THON
9	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH	OPERATÌC	ON WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, WI IN CERTIFYING YES			H?
P		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I	OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM ETC }	211 LOCATION STREET	(ITY OR TO	WN	COUNTY	51	TATE
		sow the deceased alive on	of the body ofter death.		nd that in (my) (our) opinion	death occurred on the do	13 198		that (v couses sta	
		226. SIGNATURE	6. Graviani	40	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC		22c. DATE:	13-8	'5
		22d PHYSICIAN'S NAME (TYPE OF	ORPRINT)	-	22e ADDRESS 717	PERSHING	DR.	10.	209	10.

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Item 21 is marked should be detoched for use os with the State Dept of Health TO FUNERAL DIRECTOR.

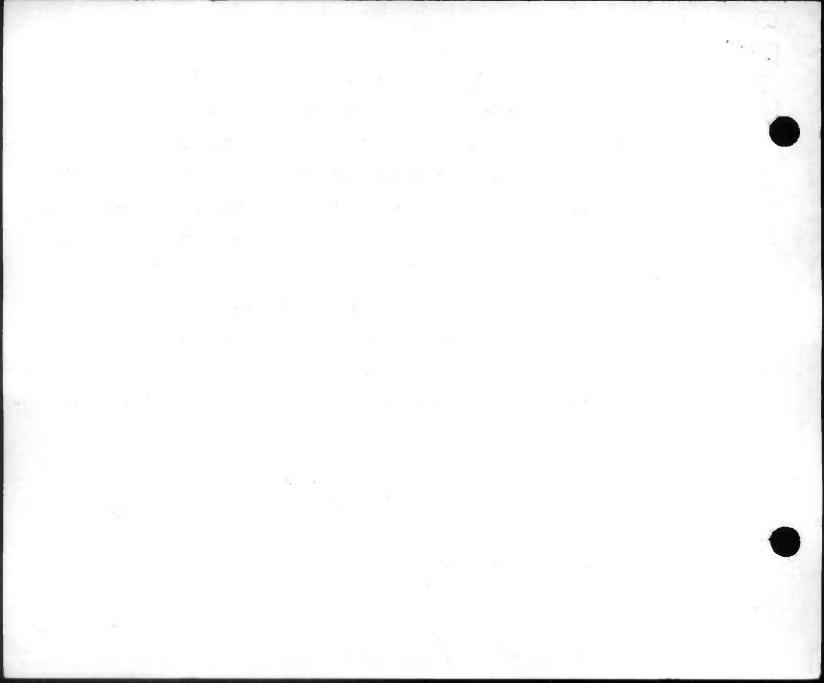
23a BURIAL, CREMATION, REMOVAL (SPECIFY)

MIDDLE RIVER CEMETERY
250 DATE REC'D.

23d LOCATION
CITY OR TOWN
NEW HOPE
EC'D. BY REGISTRAR 256 R

E AUGUSTA VA REGISTRAR'S SIGNATURE VA.

BURIAL 2/16/85 MIDDLE RIV
FUNERAL DIRECTOR FRANCIS J. COLLINGRESS
UNIV. BLVD., W., SILVER SPRING, MD. 20901 24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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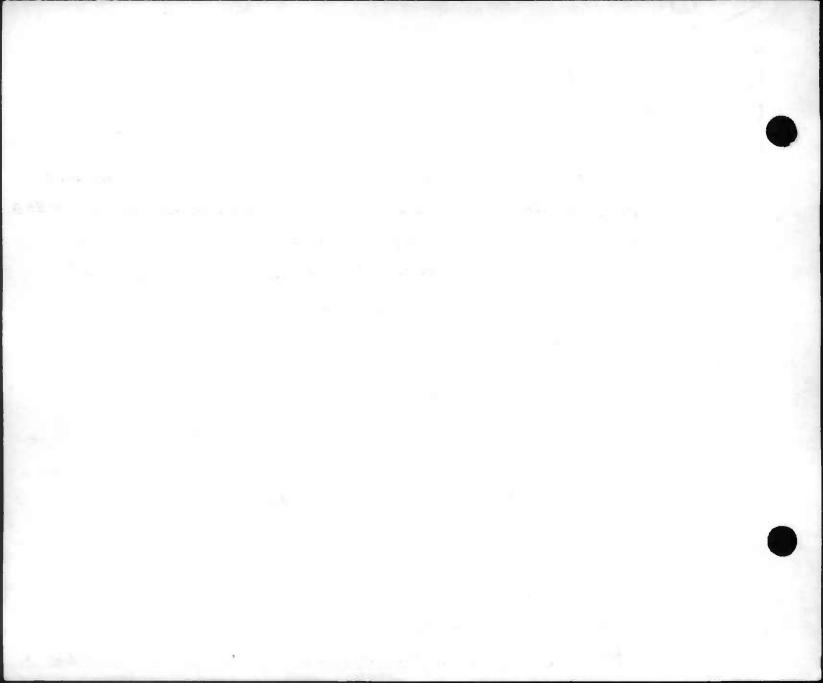
	T - STATE REGISTRAR		DEPAS		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO.	() D) 3	4 1
ì		RST	WIDDLE	Į.	AST	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
ı	(TYPE OR PRINT)	Lanche	L.	Chi	.ttenden	Fe	eb. 17,	85	3:50P M
ł	3. SEX	4 RACE		5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRTH		DER 1 YEAR	IF UNDER 24 HRS
	Female	Cauca	sian	Sept	. 24,1908	76	YRS.	MS: DAYS	HOURS MIN.
d	To. BIRTHPLACE STATE OR FORE	GN 75 CITIZEN C	F WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
М	Ohio	Unite	d State	SWIDOWE	DI DIVORCED	Montgomer	CO:	untv	MD
1	10. CITY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NUR	SING HOME C	Hospital	120 USUAL OCCUPATION (TYPE OF WORK-FOR MOST OF V Teacher	P 112	AL KIND O	Public 001s
1	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTE				La exercisione	20841	0011	0010
/		ontgomer	y Boyo		YES NO X	13. STREET ADDRESS 17415 Whi	te Gr	ound	Road
1	14 FATHER'S NAME	WIDOLE	LAST		15 MOTHER'S MAIDEN N	AME		LASI	1
4	Wallace	Н.		ius	Marv	777700		Lan	
1	160 WAS DECEASED EVER IN		? 16h SOCIAL SE		17. INFORMANT	ADDRESS	5		
	(YES NO OR UNKNOWN) (III	YES, GIVE WAR OR DATES)	293-10	-4370	Thomas A.	Chittenden	, Jr.	, sam	e as#13
ı	18. CAUSE OF DEATH IE	nter only one couse p	er line for (a), (b),	and (c)					MATE INTERVAL
	PART I. DEATH WAS	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) aderocaremone of breast							420
ı			OR AS A CONSEC	LIENCE OF	0	Value (Ka	277		DICC PERIOD
١	Conditions, if any, wl		OK AS A CONSEC	JOENCE OF			-3-1		
١	gove rise to immedi	ote)	OR AS A CONSEC	DIENCE OF			1		
ı	underlying couse I	ost. (c)	01. 43 4 6011321	AOEINCE OI					
		CANT CONDITIONS	CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN I	N PART 110	3
4	6 Meterten	to bone,	lungs,	lever	, skin, H	ypuraleen	un		
7	Muferham 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	1 19h CON	IDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	OF DEATH?
	RIIF				T-17-12-12-12-12-12-12-12-12-12-12-12-12-12-	YES NO	YES 🗌		NO 🗆
		110110	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
1	S (IF EITHER, NOTIFY MEDICAL E		P.M.	19					
	(IF EITHER, NOTIFY MEDICALE 21d INJURY OCCURRED	LAT HOME	E OF INJURY	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
1	WHILE NOT WHILE						300		1.5
1	220:1 certify that (I) (thi	, -7	/ /		19.75		-ef 19_		that (I) (we) lost
1	saw the deceased a above, (1) (wet (did)	live on(did not) view the bo	dy ofter death	, or	nd that in (my) (auc) opinion	n death accurred on the date	ond hour one	I from the	couses stated
	226 SICNATURE	1 0:00	0		DEGREE			22c. DATE	SIGNED
	Thistel	2. Hills	-no		ATTENDING PHYSICIAN	MEDICAL STAFF	N	181	-cl-85
Ī	22d. PHYSICIAN'S NAME		6 >		22e ADDRESS 290	1 Olney - J	andy :	Sprin	Rd
	Donald	E. Dillo	n, m.w.			Olney med	208	32	
1	230 BURIAL, CREMATION, REA		Feb.	NAME OF C	EMEJERY OF CREMATORY United Me	23d LOCATION	10	unty	STATE
	"Burial		1985	Church	n Cemetery	Potoma		cvlar	4
	24 FUNERAL DIRECTOR RO	bert A.	Pumphre	y Fune	era1 250 DA	TE REC'D. BY REGISTRAR 25	b. REGISTRAR	SSIGNAT	URE
	Homes, P.A.	Rockvi1	le, Mar	yland	20850	LD 2 1 1985	2504	idson-1	Pandelle.

DHMH - 16 50M 4/82 (VRA 15, 4)

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X	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEAT	TH	REG. N		5 5	2 3
		CEASED NAME OR PRINT)	FIRST		WIDDLE	i	AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
1 (FE)		- i	ame	<u>S</u>	E.		levelan	d			19 82	I M
1 199	3. SE			1. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
8 22		n/e		wh	ite	7	24 9.	2	90 Y.O	YRS	OF DEATH	
4 60 3/6	70. BI	RTHPLACE (STATE OR FO	REIGN		WHAT COUN	TRY?	D NEVER MARE	RIED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
8 85 870	C	*000			.S.A.	WIDOWE		CED 🗌	Montgom	ery	Tal Mhib C	MD. F BUSINESS OR
1 11 120		TY OR TOWN OF DEAT	н [(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUT	120	128 USUAL OCCUPATION OF OF WORK FOR MOST OF		E) INDUSTRY	
athin 24 hours at 2 should be filled in by the 2 should be filled in the 1 should be	10/01	WHEATON AL RESIDENCE (IF NURSIN	IC NONE OF	Univer			ent + Hor	me	MANAG	ER	PRO	DUCE
d bed in	13a. S	TATE	136 COUN	TY	13c. CITY OR	TOWN	13d. INSIDE CITY L		13e.STREET ADDRESS			1 20858
y fill		THER'S NAME	MONT	COMERY	KOCK	VILLE	YES NO		261 CONGR	ESSION	AL LA.	1 2005
with mit of 2	14. FA	PRST A A	,	AIDDLE	LAST		FIRST		MIDDLE		6AS	il Const
comple 1 and	16.	VAS DECEASED EVER I	NILLE ADA	- CORCECS	CLEVEZ THE SOCIAL	SECURITY NO.	17 INFORMANT	16	ADDRI	SS	SHA	700
e execu		ES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	500 SOCIAL	o allo		6 11	WETT (NIE		AME AS	#12
rs. Pe	=	IL CAUSE OF DEATH	71.0	NE	1577-0	19-1473	VICGINIA	G. W	LLETT (NIE	e) 3	AMMER	MATE BITERVAL
quires that the designed by the attrone please remove hen please remove borrial, cremation jury, ar ather trou	20	Conditions, if ony, gave rise to imm couse (a), stating underlying couse	ediote 1 the last	(10_	OR AS A CONS	0.01.41(0.11100.0)	NOT RELATED TO	THE TERMI	nal disease or con	DITION GIV	EN IN PART 1	a
, c	ATIC	19 VAIE OF OPERAT	ION	196. CONE	DITION FOR W	HICH OPERATIO	N WAS PERFORME	ED	20a AUTOPSY?	20b IF YES	S, WERE FINDI	NGS USED
- S e e S	FFC	-							YES NOW	IN CERTIF	YING CAUSES	NO 🗍
iCIAN: The g physician certificate h indi-transit protail transit protail hygier tem 18 shaw	CAL CERTIFICATION	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF THE	AUSE OF DEA			DAY YEAR		Y OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 21	
G PHYS er this er this and M ked or	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗍		OF INJURY	FFICE FARM ETC)	21F LOCATION STREET		THY OR TO)WN	COUNTY	STATE
ENDIN tal ar a OR Aft r use at Health		22a t certify that (1) saw the decease	this hospi	tol) anerolded	he decemed f	rom 10	nd that if (my our	r) opinion d	eath accurred on the d	ate and hou	r and from the	that (I) Coust
RECT SECT of the pt of the		above, (1) (we) (d.	d) (did no	ew he bod	after death.	35/4/1	DEGREE				III DAY	SIGNED
SPITAL OF the I by the I NERAL DIS be detach be detach if his state De		Myro	u o	Kale	uhu	v	PHY	NDING 4	MEDICAL STA	FF N	1/	428
등 등 등 등 등		MV MA	Ler	1	M.D.		22e. ADDRES	307 HEA	TON M	D	2010	٤
op of shape		BURIAL, CREMATION, I		23b. DATE		23c NAME OF C	CEMETERY OR CREA	MATORY	23d COCATION		COUNTY	STATE
BP		BURIAL		FEB. 1	5 1985	GLENW	000 Ceme	TERY	WASHIN	GTON	D.C.	SIMIE
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	NAME NAME	100	2000/	I/A ADD	DESS _	ALE MD.	FEB	AEC'D BY REGISTRAF		Widana	TURE
(400 12, 4)	LU	nam pers	Ju/	ICIU	MOMIS	KIVERD	ALC, I'IL			N		THE SEC. P.



DHMH - 16 50M 1/76

(VR A 15 (4))

FOR

- STATE

REGISTRAR	401111	FICALE OF DEATH	REG. NO.	
CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2671945 PM
De55	le Co		A AGE (INLYEADS LAST RIPTHIDAY)	2585 M
_			90	MONTHS DAYS HOURS MIN.
IRTHPLACE (STATE OR FOREIGN			9 BALTIMORE CITY OR COUN	TY OF DEATH
il. Spr. Md	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	NURSING HOME	HOUSE WIFE	OWN HOME
AL RESIDENCE (IF NURSING HOME OF STATE IARYLAND 13b. COUI MONT		134 INSIDE CITY LIMITS? YES X NO [13e. STREET ADDRESS ZI	p20852 ROAD
AVID	MIDDLE WO LIFET	15 MOTHER'S MAIDEN NA.		NASCERTATNABLE)
S DECEASED EVER IN U.S. AR (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 578-62-2648	DR. MORTON	COHEN, 8909 CO	NNECTICUT AVENUE HASE,MARYLAND
18 CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b) and (c)	t-1 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1112 211	aven I'neu	none	10 hours
Conditions if any which	DUE TO, OR AS A CONSEQUENCE OF	CNA		Wears
gove rise to immediate to stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION (GIVEN IN PART 1(0)
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \ NO \
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	R	RED (ENTER NATURE OF INJURY IN ITEM)	8, PART 1 OR PART 2)
716 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that the this hosp	worker 19	ond that M (my) Sur) apinion	death occurred on the date and h	, 19 , that (1) (we) lost
above (1) (we) (did) (did no 12h, SIGNA40RE	Thew the body differ death.	PEGREE	MEDICAL STAFF	226 DATE SIGNED
224 PHYSICIAN'S HAME TYPE	R PRINT)	22e ADDRESS	BLA (LA	Part
Michael 6	1 Dans Trong	MIDONVIT	1400 1	19/4/14
	ITY OR TOWN OF DEATH ITY OR TOWN ON THE ITY OF THE ITY	RACE WHITE WHITE WHITE WHO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CONTRIBUTION OR CONTRIBUTION CONTRIBUTION OR CONTRIBUTIO	A RACE WHITE WHITE WHITE WHITE WHOONE WIS A. WIDOWED NORCED WIDOWED NURSING HOME OR OTHER INSTITUTION, GIVE ESIDENCE BEFORE ADMISSION IF NOT HER INSTITUTION, GIVE ESIDENCE BEFORE ADMISSION IF NOT HER INSTITUTION, GIVE ESIDENCE BEFORE ADMISSION WIDOWED WIDOWED WIDOWED NURSING HOME WIDOWE WIDOWED WIDOWED NURSING HOME WIDOWED NURSING HOME WIDOWED WIDOWED NURSING HOME NURSING HOME NURSING HOME WIDOWED NURSING HOME NURSING HOME NURSING HOME NORTON 578-62-2648 TO R. MORTON 578-62-2648 TO R. MORTON NORTON TO R. MORTON TO R. MO	A RECE S.D. DATE OF BRATH STANDARD FORCES STATE CARDING OF CHECK STATE CARDING OF CONTRIBUTION STATE CARDING OF CHECK STATE CARDING OF CONTRIBUTION STATE CARDING OF CONTRIBUT

232 CARROLL STREET, N. W., WASHINGTON, D. C.

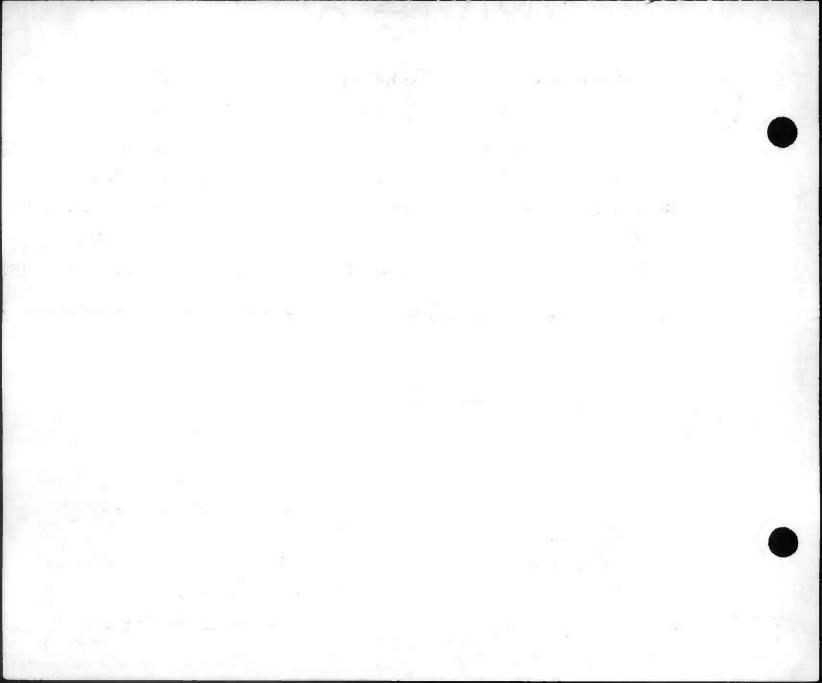
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE REG. NO	0 5 5 2 5
the 3		CEASED NAME FIRST Rebec	ca C	ohen		MONTH DAY YEAR 26 HOUR 165 AM
e 4 moy	3. SE		White	Sept. 21, 1895	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER TYEAR # UNDER 24 HRS MONTHS DAYS HOURS MIM. YRS.
oth. Pag	76 BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH
ofter dec	10. CI	ITYTATIO ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED	Montgo 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	ON 126 KIND OF BUSINESS OR WORKING LIFE) INDUSTRY
24 hours o	13a S		OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSIONII		ZIP CODE by Street, N.W. (2008)
d within spletely ind 2 sho		ATHER'S NAME FIRST Isaac	MIDDLE Cohen	15. MOTHER'S MAIDEN NA Rachel		(Unknown)
Poges of medical	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	addres	
ow requires that the death certificate been signed by the attending physic mit. Then please remove carbonpage prior to burial, cremation, or removal ony injury, or other traumatic event, t	ATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	dementa	NCE OF	AIN AL DISEASE OR COND	206 IF YES, WERE FINDINGS USED
ICIAN: The long physicion. ertificate has to iol-transit permitted Hygiene printer TB and exponent to intermite the second part of the second part	L CERTIFICATION	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		21r. HOW INJURY OCCUR	YES NOX	IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTEM 18 PART (OR PART 2)
NG PHYSICI r offending figure this cert os the buriol th ond Memic	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F		CITY OR TOW	VN COUNTY STATE
IL OR ATTENDI the hospital on LI DIRECTOR: A stoched for use te Dept of Heal i: If Item 21 is m		270.1 certify that (1) this hospi saw the deceased alive an obove (1) (we) (did adid no 275 STG 4.74 PE	ital) attended the deceased from 19	DEGREE ATTENDING	death occurred on the do	
O HOSPITAL etoined by the Council by the Store that he Store the PORTANT:		A. I.	osen	Silvers	pring, no)
166	E	BURIAL, CREMATION, REMOVAL SURIAL	2/15/85 B'N	Name of Cemetery or Crematory Nai Israel Cemeter	y Baltimor	e, Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR 117(Rockville Pike	Rockville, 125° DAI aryland20852 FEB 2	O BES GUA	25 REGISTRATS AND THE



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3 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m ttending physician	is this certificate has been signed by the aftending physician and completely filled in by the functional the buriol-tronsit permit. Then please remove carbonpopers Pages 1 and 2 thould be filled within and Mental Hygiene prior to buriol, cremation, or removal.	

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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR (TYPE OR PRINT) ANTHONY RAYMOND COLUZZI JR. FEBRUARY 28, 1985 5:53A M 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IE UNDER I YEAR 3 SEX 4. RACE MALE MARCH 20, 1955 WHITE 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X USA MONTGOMERY COUNTY DIVORCED WIDOWED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR THE CLINICAL CENTER, NIH (TYPE OF WORK FOR MOST OF WORKING LIEE) INDUSTRY BETHESDA INTERIOR DESIGNER Leather Int. Inc USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1136. CITY OR TOWN 1134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4000 8th ST., NE 2001 DISTRICT OF COLUMBTA WASHINGTON YES NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE VIRGINIA BAISEY COLUZZI D. RAYMOND 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO VIRGINIA D. COLUZZI (MOTHER) 84 CATOCTIN CT. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-64-9967 SILVER SPRING, MD 20906 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RESPIRATORY FAILURE IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF PULMONARY/LYMPHOID KAPOSI SARCOMA MONTHS Conditions, if ony, which gove rise to immediate cause (a), stoting the DUF TO OR AS A CONSEQUENCE OF underlying cause last MONTHS KAPOSI SARCOMA - NUCOCUTANEOUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 28h IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO YES X 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION The PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE AT WORK 770 I certify that XI (this haspital oriented the deceased from OCTOBER FEBRUARY 28, 19 85 and the FEBRUARY 28, 1085 19_84 and that in (AX our) opinion death occurred on the date and hour and from the causes stated deceased alive on FEDRUARI 20, 11Kwe) (did) (dx XX view the bady after death. 22c DATE SIGNED STAFF

AVOILE VEILLETTE 23b DATE

03/02/85

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

ROCKVILLE PIKE, BETHESDA, MARYLAND 20205

230. BURIAL, CREMATION, REMOVAL Burial 24. FUNERAL DIRECTOR

Cedar Hill Cemetery

40

Suitland Pr. Georges Maryland

22e ADDRESS NATIONAL INSTITUTES OF HEALTH, 9000

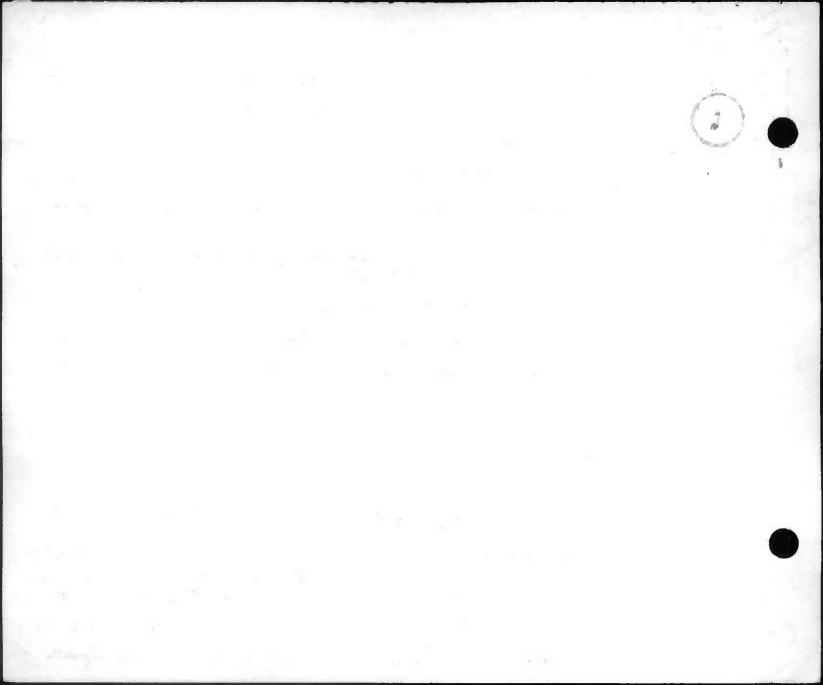
Hines/Rinaldi F.H.

11800 New Hampshire Ave Silver Spring, Maryland

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

the Davidson Bandata



FOR STATE

STATE OF MARYLAND

1."	O	17-08	- 10	0	.1
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1	REGISTRAR				CERTII	ICATE OF DEATH	REG. NO	O				
	ASED NAME	FIRST	44.93	MIDDLE	1-7-	LAST	2a DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
(TYPE OF	R PRINT)	Helen	Pa	tricia	C	omte		2	13	85	2251	DM
3. SEX			4. RACE		S. DATE		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	ER I YEAR	IF UNDER 241	010
Fe	emale		White		Augus	št 7, 1908 AR	7	76 YRS.	MONTHS	DAYS	HOURS	AIN.
	THPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
	node Isl	and	U.S.	Α.	WIDOW		Montgomery	Cou	nty			MD.
IO. CITY	Y OR TOWN OF	DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON	12b	KIND O	F BUSINESS	OR
Ве	thesda			arsdale			Beauticiar			elf		
13a. ST		136 COU		GIVE RESIDENCE BEFOR	VИ	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		e Rd	20	0810	10
14 FATE	HER'S NAME					15. MOTHER'S MAIDEN NAM	ME					
	John	1	Henry	Sulli	van	Mary	WIDDLE	Me	c Cab	e LAS	ī	
	AS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17. INFORMANT	ADDRE					
(YES	s, no or unknown	(IF YES, GR	/E WAR OR DATES)	145-26-	5227	Mrs. E.F. Ca	llaghan Sam	e as	Iter	n #	13	
		ATH (Enter or	nly one couse per	line for (a), (b), a					1	APPROXI	MATE INTERVAL	194
	PART I. DE AT					of the Lung ((10/84)			2/8	5	
		IMMEDIA								7		
	Conditions if	and which	DUE 10, O	R AS A CONSEOU	ENCE OF							
	Conditions, if a	immediate	(b)_									
	couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF											
	DARK O OTHER	NO DUE IO A DI T	(c)	ON INDIDITION TO	DE ATU BUI	A NOT BELLYED TO THE TERM	This pict act on COL	DITION CI	VEN 1 10 1 1	DADZ I.		_
	PARI Z OTHER S	SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	INEN IN	PARTIE	0	
CERTIFICATION	9a DATE OF OPE	RATION	196 CONDITION FOR WHICH OPERATIO						ES, WERE FINDINGS USED			
F						YES NON YES YES				LAUSES	OF DEATH?	
W 12	21a ACCIDENT WAS	UNDERLYING	216. TIME C			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR	PART 2)		
	OR CONTRIBUTING		8107	M. MONTH D	AY YEAR							
MEDICAL	21d INJURY OCC		21e PLACE		- ''	211. LOCATION		10		YINU	STAT	
-	WHILE NO	WORK	(AT HOME, ST	REET, FACTORY, OFFICE.	FARM ETC)	STREET	CITY OF TO	WN	CO	INIT	SIAI	ŀ
1 E			ital) attended th	ne deceased from,		ary 17 19 85	10 Fehruar		. 19 8	5	that HT (we)	tost
	sow the dec	eo ul olive or	FRATURE DODY	ofter death	850	nd that in (my) (our opinion o	death occurred on the	ote and ha	ur and f	rom the	causes states	d
2	226. SIGN OURE	7/	1.,111	abut-		DEGREE		-	22	c DATE	SIGNED	
	nu	mara	WHO	AMA		ATTENDING PHYSICIAN D	MEDICAL STAI		1	2-1	3-85	
2	22d PHYSICIAN"	S NAME (TYPE	OR PRINT)			22e. ADDRESS						
	Richard	l W. Ho	1t, M. I).	15	3800 Reservo:	ir Road NW,	DC	200)07		
	JRIAL, CREMATIC	ON, REMOVAL	23b. DATE	73€.	NAME OF	CEMETERY OR CREMATORY	23d LOCATION		COUN	UTV	STAT	F
B	urial		2/16/	85 G	ate Of	Heaven Cem.	East Han	over.	NJ.		51.01	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

IMPORTANT: If Item 21 is should be detached with the State Dept.

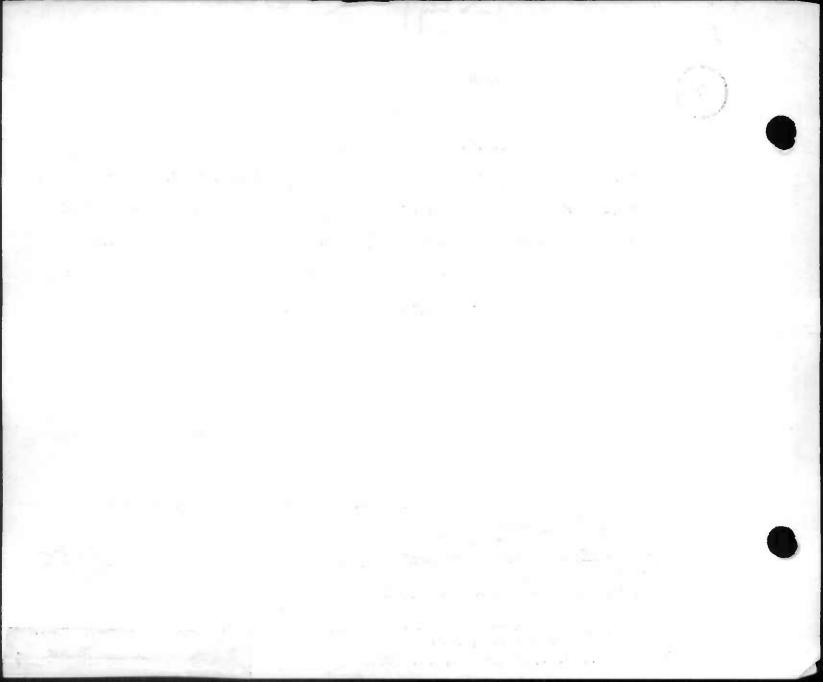
mol-transit permit.

Burial 2/16/85 Gate Of Heaven Cem.

74 FUNERAL DIRECTOR JOSEPH GAWLER'S Sons, Inc.
NAM5130 WI Ave. NW Wash., DC 20016

CREMATORY 23d LOCATION CITY OF TOWN COUNTY OF TOWN

Nonth coory Betweenin :: NAME OF THE PARTY The section was appeared to the section of the sect the grow of the same of the same of the



in by the fund be filed within comple ä old be detached for use as the State Dept. of Health FUNERAL DIRECTOR

FOR

3. SEX

CERTIFICATION

MEDICAL

18 show

MPORTANT

REGISTRAR DECEASED NAME (TYPE OR PRINT)

MALE

STATE OF MARYLAND DEPARTMEN - STATE

THOMAS WALTER CONLON

CAUCASIAN

4. RACE

CE

LAST	20. DATE OF DEATH MONTH	DA	Υ	YEAR	2b. HOL	IR	
	FEBRUARY_19_1	98	5		6:	10 Å	
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	-18	UNDE	RIYEAR	IF UNDER 24 HRS		
DECEMBER 19 1911	73 _{YR}		MIHS	DAYS	HOURS	MIN.	
MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY C	F DE	ATH			
WIDOWED DIVORCED	MONTGOMERY					MD	
CHOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE)		KIND O USTRY	FBUSINI	SS OR	
SPITAL	RETIRED		U	.S.	YVAN		
13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO	-	RTV	E.	2078	3	

COUNTRY)	GN 16 CITIZEN OF	WHAT COUNTRY!	ED X NEVER MARRIED	BALTIMORE CITY OR COUNTY C	F DEATH
PENNSYLVANIA	UNITED			MONTGOMERY	M
BETHESDA		HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
		NAVAL HOSPITA		RETIRED	U.S.NAVY
	COUNTY RINCE GEO S	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1930 SARATOGA DI	RIVE 20783
14 FATHER'S NAME FIRST RAYMONI	D CONLON	LAST	15. MOTHER'S MAIDEN NA FIRST NOR		LAST
	J.S. ARMED FORCES? YES, GIVE WAR OR DATES) 1935–1958	166 SOCIAL SECURITY NO. 123-22-9150	THOMAS R.CON	ADDRESS LON . 1930 SARATOGA	
18 CAUSE OF DEATH IE PART I. DEATH WAS O	CAUSED BY	line for (a), (b), and icidle CARDIOPULMONA	ADELPHI, M RY FAILURE	D 20783	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ote (b)_	R AS A CONSEQUENCE OF WIDELY METAST	ATIC GASTRIC	CARCINOMA	
PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART LID

19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES W 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

85 JANUARY 28 85 FEBRUARY 220.1 certify that (1) (this hospital) attended the deceased from FEBRUARY sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 21 FEB 85

DEGREE			
MD	ATTENDING PHYSICIAN	MEDICAL	STAFF X

22e ADDRESS NAVAL HOSPITAL NAVAL MEDICAL COMMAND.

	W.	В.	BARBER,	LCDR,	MC,	USNR	NATI	ONAL	CAPITA	AL REGION	BETHE	SDA ,	, MD	20814
	BURIAL, CR	EMATI	ION, REMOVAL	23b. DATE		23€.	NAME OF CEMETERY	OR CREM	ATORY	23d LOCATION				STATE
(CI	REMA	ATION	FEB.	22185	Me	tropolitar	Cre	natory	Alexar	ndria.	Vir	gini	a.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DeVol Funeral Home Washington, D.C.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the bunal-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE REGISTRAR	00		ICATE OF DEATH	REG. N	10.		
	CEASED NAME	MIDDLE	0,	AST	20. DATE OF DEATH	MONTH DAY		26 HOUR
	Ralpi	h w.	60	nners	TE	B 3	1985	7
3 SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BE		JNDER I YEAR	IF UNDER 24
	Male	White	e. June		70	YRS	THS DAYS	HOURS
7a BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU		2 23, 1714	9 BALTIMORE CITY	1116	DEATH	
-	COUNTRY)		MARRIE	NEVER MARRIED				
	io	U.S.A.	WIDOWE		Montgo			
M CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12h. KIND OF INDUSTRY	BUSINESS
Sil	ver Spring	15001 Haslem		t	Lt. Colone		Air F	once
USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)					0.000
				134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	_		20
	<u>vryland Monto</u> ather's NAME	gomery Silve	r Spring	15. MOTHER'S MAIDEN NA		emere C	owi	20
7	FIRST	MIDDLE	AST	FIRST	WIDDLE		LAST	
	Arthur	B. Co	nners	Marie			Heil	
	WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDR	ESS		
Уe		-1967 287-	07-2695	Bernardine A.	Conners	wife.	Same a	
	PART I. DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Card WC Ca							NATE INTERVA
	Canditions, if any, which	(b)	Juspelle	AMI				
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	NSEQUENCE OF		LINAL DISEASE OR CON	IDITION GIVEN	IN PART 110	
NOI	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON	NSEQUENCE OF				IN PART 110	
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON	NSEQUENCE OF NG TO DEATH BUT AWELDS CL	NOT RELATED TO THE TERM			ERE FINDIN	GS USED
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (Chronic L	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION LOW	NSEQUENCE OF NG TO DEATH BUT ATULUS CL WHICH OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO S	20h IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES (GS USED OF DEATH:
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C. LI9a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.	DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR V 196 CONDITION FOR V ATH HOUR A.M. MONI P.M. 216. PLACE OF INJURY	NSEQUENCE OF NG TO DEATH BUT AWEL OS CL WHICH OPERATIO IH DAY YEAR 19	NOT RELATED TO THE TERM LOTIC COLONO N WAS PERFORMED	200 AUTOPSY? YES NO S	206 IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES (GS USED OF DEATH
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (Chron C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE)	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN WAL FU, VIC 19b. CONDITION FOR Y HOUR A.M. MONI P.M.	NSEQUENCE OF NG TO DEATH BUT AWEL OS CL WHICH OPERATIO IH DAY YEAR 19	NOT RELATED TO THE TERM LOTIC COLUMN N WAS PERFORMED 21c. HOW INJURY OCCUR 21t. LOCATION	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJA	206 IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES (GS USED DF DEATH NO []
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C. L. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE F DE (IF EITHER. NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 22d. I certify that (II) (this hosp sow the deceded always)	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION LOCAL TO THE 19b CONDITION FOR Y 21b. TIME OF INJURY HOUR A.M. MONI P.M. 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, 21to) pripaged the deceased	NSEQUENCE OF NG TO DEATH BUT AWALLOS CL WHICH OPERATIO THE DAY YEAR 19 OFFICE FARM ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 19 19 19 And that in (my) our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INAU CITY OR TO death occurred on the company MEDICAL STA	200 IF YES, WIN CERTIFY IN YES [JRY IN ITEM IS PART DWN 19 dote and hour of	VERE FIND IN. ING CAUSES (I OR PART 2) COUNTY	GS USED DF DEATH NO STA
	gove rise to immediate couse (a), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT C. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE F DE. (IF EITHER. NOTEY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINE! 21d. I certify that (1) (this hosp sow the deceased allower obove. [1) well (did) (did field recovered)	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR N 19b. CONDITION FOR N ATH HOUR A.M. MONI P.M. 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, ontol) gripinged the deceased Only view the body ofter death Back OR PRINT)	NSEQUENCE OF NG TO DEATH BUT AWALLOS CL WHICH OPERATIO THE DAY YEAR 19 OFFICE FARM ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 19 19 19 And that in (my) our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INM CITY OR TO to EB death occurred on the company	200 IF YES, WIN CERTIFY IN YES [JRY IN ITEM IS PART DWN 19 dote and hour of	COUNTY COUNTY 22c. DATE S 2 - 4	GS USED DF DEATH NO STA
WEDICAL	gove rise to immediate couse (a), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT C. C. N. A. C. 199. DATE OF OPERATION 219. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER. NOTIFY MEDICAL EXAMINE) 210. I CETTIFY THOU (1) (this hosp sow the deceased olivery obove. [1]) we) (did) (did not 22b. SIGNAT) 220. PHYSICIAN'S JAME (TYPE C. 1995)	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN WAL FU, VIP 19b CONDITION FOR Y ATH HOUR A.M. MONI P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY. ON PRINT) OR PRINT) CONDITIONS CONTRIBUTION ON PRINTI OR PRINTI CONDITIONS CONTRIBUTION ON PRINTI CONDITIONS CONTRIBUTION ON PRINTI CONTRIBUTION ON PRINTI CONTRIBUTION ON PRINTI CONTRIBUTION TO THE CONTRIBUTION ON PRINTI CONTRIBUTION TO THE CONTRIBUTION ON PRINTI CONTRIBUTION ON PRINTI CONTRIBUTION TO THE CONTRIBUTION ON PRINTI CONTRIBUTION TO THE CONTRIBUTION ON PRINTI CONTRIBUTION TO THE CONTRIBUTION TO T	NSEQUENCE OF NG TO DEATH BUT AMPLIOS CL WHICH OPERATIO THE DAY YEAR 19 OFFICE FARM ETC.) 19 23c, NAME OF CL AMPLINATOR	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 2 1989 and that in (my) (our) opinion DEGREE MD ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INAU CITY OR TO death occurred on the company MEDICAL STA	200 IF YES, WIN CERTIFY IN YES [JRY IN ITEM IS PART DWN 3 19: dote and hour of	COUNTY COUNTY 22c. DATE S 2 - 4	GS USED DF DEATH NO STA

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

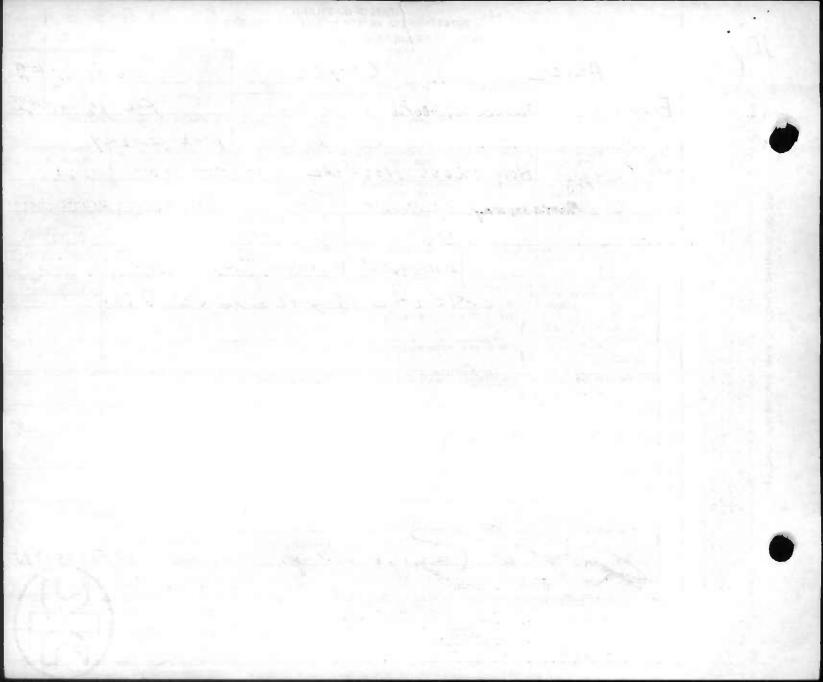
BP.

retained by the haspital or attending physician

10°C (100 25, 101) unawaphio! The Striet 1501 and one court L. Comes Line con Varyland Vantaomeru Silver Spring 15001 Haslemare Court 20006 Arthur 3. Comers Paria Yes 1954-1967 207-07-8608 Committee A. Communicia 1810 Some as 18

Februaries 1. 1915 in United Internet Annual Con Contraction

Il Ellicersian Part. M. Silver Bridge M.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

FOR - STATE REGISTRAR 20. DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 26" HOUR TYPE OR PRIN Cooper Damas IF UNDER 1 YEAR 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Male White January 24. 1920 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington. D.C. U.S.A. Montgomery County DIVORCED WIDOWED 12a, USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Medical Exibits WRAMC Hospital Takoma Park Washington Adventist Hospital USUAL RESIDENCE TIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 113d. INSIDE CITY LIMITS? P.G. Co. 2717 Birdseve Lane Bowie YES TX NO [Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Hill Alvin Cooper Jane E. ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) HEYES, GIVE WAR OR DATES) Marjorie H. Cooper (Wife) Same Yes WWII 579-10-7300 a.s # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiopuluonary IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF bypass Surgery, Left renticular Cornery astinus Conditions, if ony, which gave rise to immediate - aneuxy dectowy couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Pericardial Construction hrevious Extensive myo condiel wilascher 200 AUTOES 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO DO NOF YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK Tan. 22a. | certify that (1) (this haspital) attended the deteased from saw the deceased alive and that in (my) (our) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (and nat) view the Vady after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22ª ADDRESS 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DAT COUNTY (SPECIFY) /22/85 Cedar Hill Cemetery Suitland, P.G. Co., Maryland Burial eb.

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

Chambers Funeral Home Riverdale, Maryland

ADDRESS

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Pulia Davidson Rando 82

or your P.G. do. Books :: 15.2 Markey From / Milian TABLES . TAB SET THE HOLD (SEED) SURFERED TO SEED THE TOTAL PROPERTY. Long the in property in the second of the se

requires that the death certificate be executed within 24 haurs ofter

TINDING PHYSICIAN: The fow offending physician and campletely filled in by the funeral director. p ages 1 and 2 should be filed within 72 hours after

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYGIFICATE OF DEATH	REG. N	0 3	2 0 0
I DE	ECEASED NAME FIRST	MIDD	LE .	LAST	20. DATE OF DEATH		EAR 25 HOUR
(TYP	PE OR PRINT) ER	NEST SYLVE	ESTER CORNWA	ALL, JR.	FEBRUARY :	24 1985	8:02 a
3 SE		4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER I	LYEAR IF UNDER 24 HRS
	MALE	CAUCASIA	IN JÜÏ	NE 25 1921	63	YRS	DATS HOURS MIN.
	BIRTHPLACE ISTATE OF FOREIGN STRICT OF COLUM	TE CITIZEN OF WH	11400	RIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	OR COUNTY OF DEAT	TH MD.
10 C	BETHESDA	11. NAME OF HOS	SPITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) VAL HOSPITAI	OR OTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST O RETIRED	OF WORKING LIFE) INDUS	IND OF BUSINESS OR STRY .S.NAVY
13a. OI		ROTHER INSTITUTION GIVE NTY DINA	e residence before admission . CITY OR TOWN LODI	YES NO X		ZIP CODE LAKE ROAD	99999
14_F	ERNEST SYL	VESTER COR			RA BERTHA MA		LAST
	WAS DECEASED EVER IN U.S. AF		SOCIAL SECURITY NO		ADDRI		
	YES (IF YES GI	43-1973	212-38-6823	B BRUCE K.CORN MD 21401	WALL,311 St		, ANNAPOLIS,
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS	S A CONSEQUENCE OF DELY METASTA	MBOLUS INFARCT	INOMA OF THI		
CERTIFICATION	190 DATE OF OPERATION		N FOR WHICH OPERAT	UT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES X	INDINGS USED
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	JURY MONTH DAY YEA		1 44	-41	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	FACTORY OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TO		ITY STATE
	220.1 certify that (1) (this hasp sow the deceased alive ar above, (1) (we) (did) (did no	FEBRUARY	24 19 85	ond that in (my) (our) opinion	to FEBRUAR death occurred on the d	ote and hour and from	m the causes stated
	27b SIGNATURE	A	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [DATE SIGNED 85
	H. P. LIEBERT	T, LT, MC,	USNR	NATIONAL CAP			
71u.	BURIAL, CREMATION, REMOVAL	774 DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
	BURLAL	3/1/85	ARLING	TON NATIONAL	ARL INGTO	N COUNTY	VTRGTNTA
DI	UNEVALDIRECTOR EMAÎNE FUNERAL	HOMES, INC		750 DAT	E PEC D. BY REGISTRAR		

DHMH - 16 60M 7/84

(VRA 15, 4)

10 FUNESAL DIRECTOR. After this certificate has been signed by the ottending physician and canding be accepted for use as the burial-transit permit. Then please remaye carbon papers. Pages with the State Dear of Health and Mental Hygiene prior to burial, cremation, or remayal. MPDSTANT If htm 21 is marked at Hem 18 shows any injury, or ather traumatic event, th



to FUNIRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the theory of establishing on use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fred with the state Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

STATE OF MARYLAND	8
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0
CERTIFICATE OF DEATH	

5 5

0

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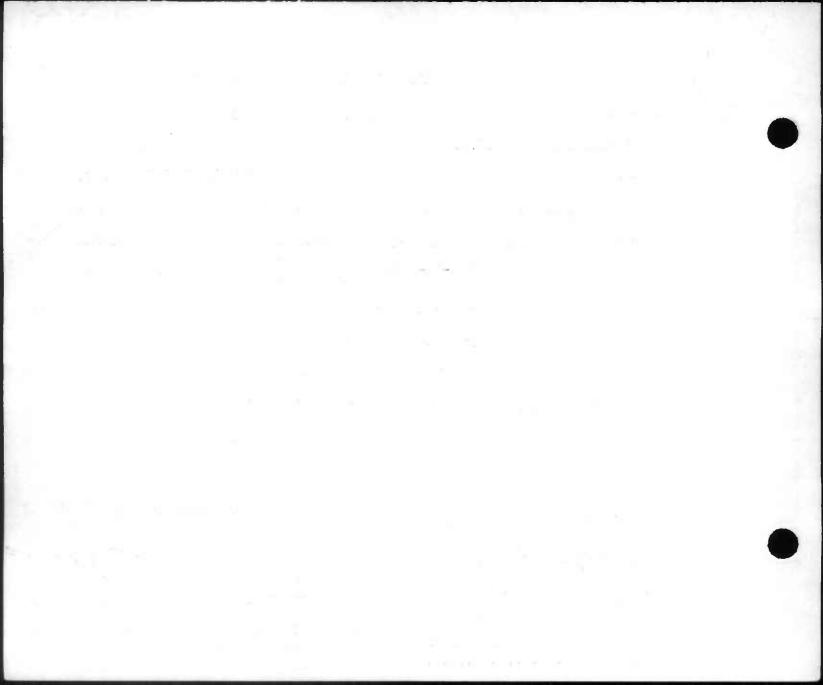
3

10	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	D.				
4		CEASED NAME FIRST		WIDDLE	l.	AST	2a DATE OF DEATH		DAY YEAR	2b HOUR		
	LIABE	(CORPRINT)	IN O	JID CR	AWFORI	D. JR	FEBRUARY :	27. 1	.985	6:25 ^A M		
	1 SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS		
		MALE	WHITE		MADA	CH 10, 1938	46	YRS	MONTHS DAYS	HOURS MIN.		
1.		IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		BALTIMORE CITY OF COUNTY OF DEATH					
275		PENNSYLVANIA	U.	S.A.	WIDOWE	DI DIVORCED	MONTGOM	ERY C	COUNTY	MD.		
p	10 €	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	U. USUAL OCCUPATI HISIOGRAFORGA IO	ARRAT	125 KIND O	F BUSINESS OR		
26	BETHESDA			E_CLINICA		TER, NIH	TECHNITIO	N	DEPT	. OF ARM		
1	USU. 13a S	STATE III COUN	ITY	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	DE (21754)		
37	MA	ARYLAND FRED	ERICK	IJAMSVI	LLE	YES NO	2933 GRE					
IE MAN	14 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		IAS	1		
376			DVID	CRAWF		FLORENCE			WALTER	S		
medicol		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	IFE)	SS				
The The		NO		163-30-5	021	MRS ANN CRAI		SAME	AS ABO			
t, the		18. CAUSE OF DEATH (Enter or	ly one cause per	line for (o), (b), one	d Ic				BETWEEN	MATE INTERVAL ONSET AND DEATH		
even		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (o)	Respirate	ory Fa	ailure			24-	48 hrs.		
ofic												
50	Conditions, if ony, which (b) Secondary Leukemia											
er tr	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE											
or oth	underlying couse lost (c) Previously treated Hodgkin's Disease											
ry. o	7	PART 2 OTHER SIGNIFICANT	ONDITIONS C	ontributing to [DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART I	3		
, E	ATION	Extensive rad	iation 1	fibrosis v	with a	atrophic left	kidney;fat	ty bo	ne marr	OW		
Son	NA O	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN IFYING CAUSES			
, how	CERTIFIC					Tal Waller	YES NO		res 🔭	NO []		
80		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		.m. month da	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	ST METT MI YE	PART (OR PART 2)			
Item	CAL	LIF EITHER NOTIFY MEDICAL EXAMINER) P.	М.	19							
ō	MEDI	214 INJURY OCCURRED	21e PLACE LAT HOME ST	OF INJURY REEL FACTORY OFFICE F	ARM ETC)	211 LOCATION	CITY OR TO	WN	COUNTY	STATE		
orke		AT WORK AT WORK										
IIS III		22a L certify that X (this hospi	tol) attended th	ne deceased from _	Decem	ber 26 19 84	10 Februar	y 27	19.85	that XII (we) last		
n 21		sow the deceased alive on above, (I) (we) (did) (did to	. Februa	Colter death. 198		nd that in (🗙) (our) opinion	deoth occurred on the de	ote and ha				
# her		III SHATURE	6.11	111		DEGREE ATTENDING	MEDICAL STAI	E	22c DATE	SIGNED		
<u>-</u>		Ruano	CW.	uns	, ,	PHYSICIAN [DIRECTOR PHYSIC		27	17/83		
1		22d. PHYSICIAN'S NAME (TYPE C		1 . c		22e ADDRESS NATIO	NAL INSTITU	TES C	F HEALT	H		
M#ORTA		y Cu o		11/15		CLINICAL CE	NTER BETHE	SDA,	MARYLAN	D_20205_		
2.1		BURIAL, CREMATION, REMOVAL	23h DATE 2/28/	10r 23c h	NAME OF C	EMETERY OR CREMATORY	1734 LOCATION			STATE		
_		GREMATION	1 2/20/	M	ETROP(OLTTAN CREMATY	DRY ALEXAND	RIA,	VIRGINI	Alexan		
/83	24 FI	UNERAL DIRECTOR RICH	ARD RAP	P, INC.		MAR	E RAC'D. BY BY STRAF	FIE REGIS	TEARSSCHAI	UNE		
		1804 T ST., N	.W., WAS	H., D.C. 2	20009							

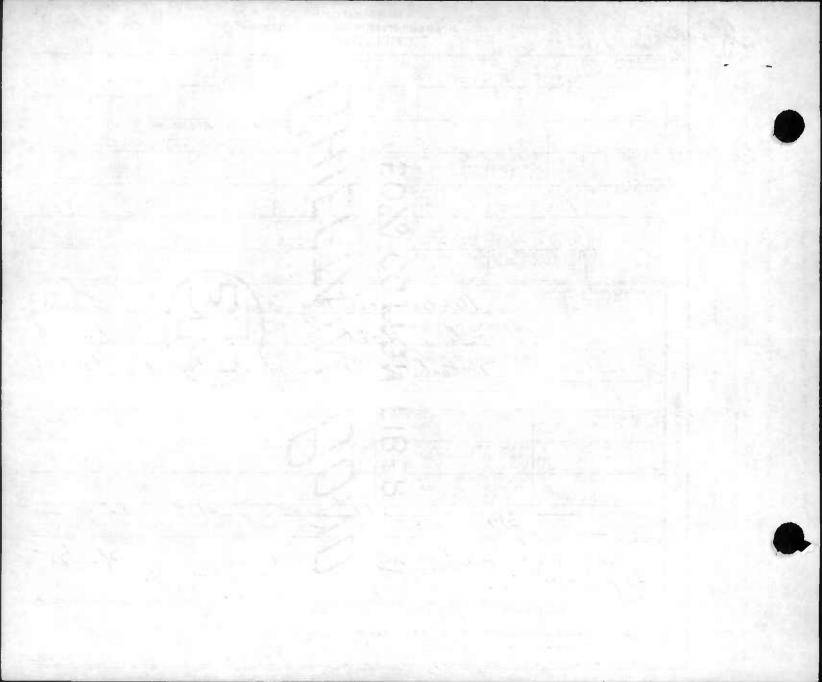
DHMH - 16 50M 4/83 (VRA 15, 4)

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erained by the haspital or attending physician.



1	- STATE REGISTRAR		DEPARI		CATE OF DEATH	REG. N	10		
	CEASED NAME	FIRST	MIDDLE	LA	AST TENE	20. DATE OF DEATH		AY YEAR	2b. HOUR
1149	E OR PRINT)	Mary	Sue	C	reed	February	19,	1985	11:15
3 SI	X		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BE		FUNDER 1 YEAR	IF UNDER 24 HRS
F	emale		Caucasian	Apri		50	YRS.	DATS	HOURS MIN.
4	RIMPLACE (MA)	E OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY			
	ew York		United States	SWIDOWE	D DIVORCED	Montgon			***************************************
	ity or town of Olney		17342 Moss S			120 USUAL OCCUPAT (Type of work for wost Homemake	OF WORKING LIFE		Home
O Via	state ryland				YES IX NO	13e STREET ADDRESS 17342 Mo	ZIP CODE SS Si	de La	ne/208
0	Hugh		McPeal		Margaret	MODEL		cLaug	hlin
1	WAS DECEASED E	VER IN U.S. ARA	WAR OF DATEST		Robert B.	Creed, sa		#13	
	II CAUSE OF D	EATH Enter on	y one couse per line foryal, (b), a	nd (c.)	**	J. 17 17 17 17 17 17 17 17 17 17 17 17 17		METHOD	DISSET AND DEATH
	PART I. DEAT	TH WAS CAUSED IMMEDIAT		iotes	beratory	arkest	1.1	5	min
	Conditions, if gave rise to	immediate	DUE 10, OR AS A CORSEQUE	i fo	rilure	HE.	1]3	1	month
	underlying c	ouse last	DUE TO CONSECUE	tatie	Cancer o	1	react	1	month
NO	PARI 2. OTHER	and control work of	ONDITIONS CONTRIBUTING TO	/ DE ALH BUT	NOT RECALLED TO THE TEMP	MINIAL DISEASE OR COM	ionnon Give	N PI PARL III	0.
HICAT	14s DATE OF OF	ERATION	1% CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	YES NO NO		WERE FINDS	
AL CREAT	OF CONTRIBUTING	CRUSE OF DEA	HOUR A.M. MONTH I	DAY YEAR	31F HOM INTURY OCCUR	RED (ENTER HATURE OF PUR	JE1 46 TEM 18 F6	AFT ORFHATS	
MEDIC	THE INJURY OF		ZIE PLACE OF INJURY (AT HOME, STREET, FACTORS, OFFICE	or transfer	TH LOCATION	CIP ORTI	Ow/re	COUNTY	3008.
	77s.1 certify the	the state of the s	all attended the deceased from	0-2	17 10.85	10_3/	19	085	that in <u>bunt</u> las
	obove; (1) is	warraide (did not	we body after death.		d that in (my) jour opinion	death occurred on the c	ate and hour	10.1	100000000000000000000000000000000000000
1	13H STONATUR	ch 6	Todat	ms	ATTENDING PHYSICIAN	MEDICAL STA		THE DATE	10/85
	Jules	R. Lodi	sh M.D.			Sandy Spri	ng Rd. 1832		
73a	BURIAL CREMATI Buria	ON REMOVAL	l teb.		METERY OF CREMATORY	334 LOCATION		countr	V as as Le
26.1	UNERAL DIRECTO	R Poher	123, 1985 S	v Eur	y's Cemeter	Skaneat	drsa REGISTA	AES SIGNAL	TOTK
			thesda, Mary			FEB 2.2 1001			- Pandelle
1.1	Unit 5 1 I	·A. DC	the sua, mary	Talla '	20014	100	-	111-0-157	I I I I I I I I I I I I I I I I I I I



	1 -	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYGICATE OF DEATH	REG.	NO.				
1		CEASED NAME FIRST	7	IDDLE	roah	AST C	20 DATE OF DEATH	ниом	DAY	VEAR	26 HOU	R
	3. SEX	remale	4. RACE Caucas	ian	5. DATE C	The state of the s	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTH	DERIYEAR	IF UNDER	24 HRS. M.IN.
1		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF V	VHAT COUNTRY?	8 MARRIEI WIDOWE	D ENEVER MARRIED D	9 BALTIMORE CITY	OR COUN		EATH		MD
9		TY OR TOWN OF DEATH Gaithersburg	(IF NOT IN SUCH	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK EDR MOST OF WORKING LIFE) (TYPE OF WORK EDR MOST OF WORKING LIFE) HECHT Company					
P.	USU A 130. S	AL RESIDENCE (IF NURSING HOME OF JATE LATE MOT	R OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13°STEEF ADDRES	Ş⁄ZIP CO ÎfÎeÎ	ord	Rd.	107	60
20	II. FA	THER'S NAME TRACOB	MIDDLE		Unkn		1					
1	160 W	VAS DECEASED EVER IN U.S. A	Jack Rosent		Sth S	t.,N		2003 sh.,1				
	NOI	PART 2 OTHER SIGNIFICANT	DUE TO, OF	rebro province	- V	aluns'	Alvas AINAL DISEASE OR CO		GIVEN IN	yes yes	us us	0
X	FICAT	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			RE FINDING CAUSES		TH?
1	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A./ P./ 21e PLACE ((AT HOME, STR	M. MONTH DA M. OF INJURY BET, FACTORY, OFFICE, F	19	211 LOCATION STREET		R TOWN		COUNTY	thot (l) (STATE Web 10st
1	C	staw the decement after a growth of the control of	ot very the body	9/10/19	1161	nd that in (my) (por) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS					causes st	oted
	-	SURIAL CREMATION, REMOVA	100.0,	1985 Ki	ng Da	remetery or crematory		Chur	ţ			STATE
	24 FI	UNERAL DIRECTOR IVES-	Pearson lls Chur	Funeral ch, Va.	Homes 22046	25a DA	TE REC'D. BY REGISTR	0 1	SISTRAR'S	30	URE	10 mg

DHMH - 16 50M 4/83 (VRA 15, 4)

estained by the hospital O HOSPITAL

BP.

MPORTANT I from 21 is mighted or from 18 shows any injury, or other traumants event, the TO FUNERAL DIRECTOR. After this sentificate has been signed by the attending physical should be detached for use as the burnot transit permit. Then please remove contain appearant the first the State Dept. of Health and Manhal Hygiene prior to buriol, cremation, or removal.

services the last training the last training to the service to the the part profess the state of t The same than the same than the same that the same than th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
IO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hourist of ottending physician.
10 FUNETAL DIECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director. In applications to the buriot-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after them. —In the state Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.
WEOFFANT If the 21 is marked or Item 18 shaws any injury, or other froumotic event, the medical era the charge to once.

1	- STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. N	10.	
1. D	PECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	0
L	CLAUDIA	ELEANOR	CRUZE		2 12 85 10:5	5 M
3. S	EX Remale	1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	MONTHS DAYS HOURS	MIN.
70.	BIRTHPLACE MAIT DEFOSEIGN 7	b. CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE.CITY	OR COUNTY OF DEATH	
71	estat Lediana	U.S.A	MARRIED MEVER MARRIE WIDOWED DIVORCE	montgy	gnery	MD.
6	CITY OR TOWN OF DEATH	(IF NOT IN STATE FACILITY, GIVE STR	Home,	12a USUAL OCCUPAT		SOR
13 13	UAL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE SEF TY 13t. CITY OR TO LOO Adelect	ORE ADMISSION) DWN 13d. INSIDE CITY LIM YES NO	13 STREET ADDRESS	ZIP COE de Vales	Bua
1	FATHER'S NAME	NIDOLE BELEE	15. MOTHER'S MAID	EN NAME [®]	Haus cock	/
160	WAS DECEASED EVER/IN U.S. ARM (YES, NO OR UNKNOWN) I IF YES, GIVE	AED FORCES? THE SOCIAL SE WAR OF VATES) 571-3	6-7174 Younes	Stuge 83/	University Blad	H
Г	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	privatory Fa	lure	AMERICANIA PATERY	Z VC
	Canditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF PA	en monio	9 00	5
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION ACTION	ced Senik	De mentia	lyr.	_
NO		ONDITIONS CONTRIBUTING I	<u>O DEATH</u> BUT NOT RELATED TO TH	E TERMINAL DISEASE OR COM	IDITION GIVEN IN PART ITO	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY2 YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	1?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211. LOCATION	C (TY OR 1)	COUNTY STA	ATE
	220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	Feb 10 10		y, ta Feb	hat (I) (we late and have and from the causes state	
	allest 14	intin	DE GREE ATTEND PHYSIC			483
1	Albert S	White	270 ADDRESS 3933	Pitcoira	Pi Laureli	nh
230	BURIAL GEMATION, RIMOVAL	Fel 17-1985	LEGICAE TENTOR CHIMA	TORY 123d. LOCATIONS CITY TOWN	Pd. P. Seo. Wa	E

DHMH - 16 50M 4/83 (VRA 15, 4)

South of the state
			-
e + may be		page 3	er deoth
j		è	177 hours
e low requires that the death certificate be executed within 24 hours after an	20	has been signed by the attending physician and campletely filled in by the timeral	ges I and 2 though but filled with
the death certificate be 8		the attending physician or	remave corbonpapers. Pog
e law requires that	ć	nas been signed by	permit. Then please

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

1 -	STATE REGISTRAR		DEFARIT	CERTIF	ICATE OF DEATH	REG.	NO				
	CEASED NAME FIRST		MIDDLE	l.	AST	20 DATE OF DEATH		Y YEAR	26 HOUR	p	
	ARLES AUST	EN C	URTIS	JR		FEBRUARY	16, 198	5	9:20) M	
3 SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST		UNDER 1 YEAR	IF UNDER 2		
MA	LE	CAUCA	SIAN	MARC	CH 3, 1930 AR	54	YRS	INTHS DATS	HOURS	MIN.	
)6 BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH			
WA	SHINGTON D.C.	U.S.	A.	WIDOWE	.3.7	MONTGOM	ERY			MD	
	THESDA		HOSPITAL, NURSIN H FACILITY GIVE STREET L HOSPITA		DR OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOS RETIRE)		176 KIND PINDUSTRY MARIN	F BYSINES VE COF		
130 S MA 44 FA		EORGE	GIVE RESIDENCE BEFORE 13t. CITY OR TOW IPPER MAR URTISAST SI	LBORO	15 MOTHER'S MAIDEN NAM	44 IDD1 F		T 2	<u>0772</u>		
	WAS DECEASED EVER IN U.S. AF		16b SOCIAL SECU	IRITY NO	17. INFORMANT		°9318 LO	NCDDAN	ICH DI	ZT.TSZ	
	YES NO OR UNKNOWN) (IE YES GI	L-1953	577-40-		ELLWOOD HOWA					. IWI	
NO	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LIVER FA. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 1					IN AL DISEASE OR CO	INDITION GIVE	N PART 11	0		
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
ERT	71g. ACCIDENT WAS UNDERLYING	7 71b. TIME O	E INTUIDY		71c HOW INJURY OCCURR	YES NO	YES		NO 🗌		
	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	ZIL NOW HAJORY OCCURR	CD LENTER NATURE OF IN	JURY IN ITEM 18 PAR	1 (ORPARIZ)			
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	71e PLACE			71f LOCATION STREET	CITY OR	TOWN	COUNTY	STA	ATE	
	22a.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no	FEBRUAR	Y 16 19		ARY 3 , 19.85 and that in (my) (our) apinion (to FERRIAL death occurred on the			that (I) (we		
	276. SIGNATURE.	all			MD ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN (2)	2/1	SIGNED		
	1774 PHYSICIAN'S NAME (TYPE OF LESLIE W. HA		C,USNR		NATIONAL CAR	HOSPITAL,					
73n F	BURIAL CREMATION REMOVAL	73h DATE	730	NAME OF C	EMETERY OR CREMATORY	73d LOCATION					

TO FUNERAL DIRECTOR should be detoched for with the State Dept. of MPORTANT: IF H

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

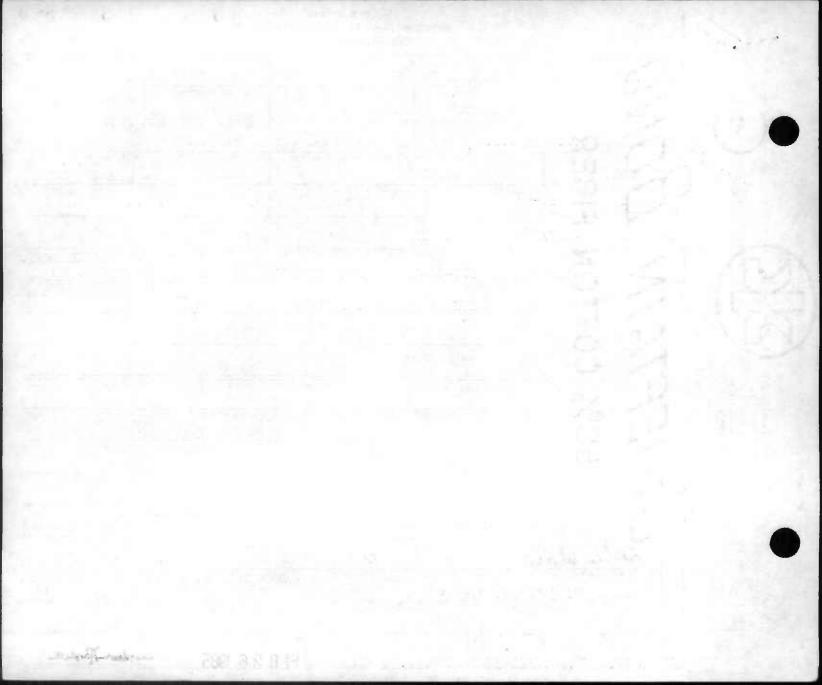
ARLINGTON NATIONAL

NAL ARLINGTON VIRGINIA

750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FRANCIS J. COLLINSRESS RURTAL 74 FUNERAL DIRECTOR 500 UNIV BLVD., W., SILVER SPRING, MD. 20901

is leviden fondere



	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE B S	0 5	5 3 2
		CEASED NAME FIRST LAU		ANE		ILEY		MONTH DAY	985 6 55 AM
~	3. SE)	FEMALE	4. RACE CAu		5. DATE O	F BIRTH DAY 19 1985	6. AGE (IN YEARS LAST OIR	YRS YRS	DAYS HOURS MIN.
12		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND ITY OR TOWN OF DEATH	u.	S, A.	WIDOWE	D NEVER MARRIED DO DIVORCED TO ROTHER INSTITUTION		TCOMER	
16	. 5	SILUER SPRING	F HOLY	CROSS	HOSP		(TYPE OF WORK FOR MOST O		NONE
1/2	130 S	STATE No CO		130. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO 1	138 STREET ADDRESS		E. / 20904
20		JAMES	MIDDLE	DAILE		ELLEN	MIDDLE		ompson
1			ARMED FORCES? GIVE WAR OR DATES) NONE	NONE		JAMES C. DA	ADDRE	2) SAME	AS #13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OI	R AS A CONSEQUE	cephe	,	<i>t</i>		
2	CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TER	200 AUTOPSY? YES NO M	206 IF YES, WER	PART III E FINDINGS USED CAUSES OF DEATH? NO
9	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE ETHER NOTIFY MEDICAL EXAM. 210. IN JURY OCCURRED	DEATH HOUR A.I	m. month da m.	19	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURE)		DUNIY STATE
	W	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did)	spital) attended the	e deceosed from_	FEB 85 on	d that in (my) (our) opinion			
1		226 SIGNATURE OCH 226 PHYSICIAN'S NAME (TV)		akk, 10		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI	F IAN X	FEB 21, 1985
_	23e. B	JOHN L	AN BRA		NAME OF C	HOLY CRO	SS HUSPITAL	OF SILVE	RSPRING

DHMH - 16 50M 4/83 (VRA 15, 4)

CREMATION 24 FUNERAL DIRECTOR

FOB. 25, 1985 CHAMBERS CREMATORY 250 DATE

CHAMBERS FUNERAL HOME 1655 GERBAA AVE. SILVER SPRING HEB 2



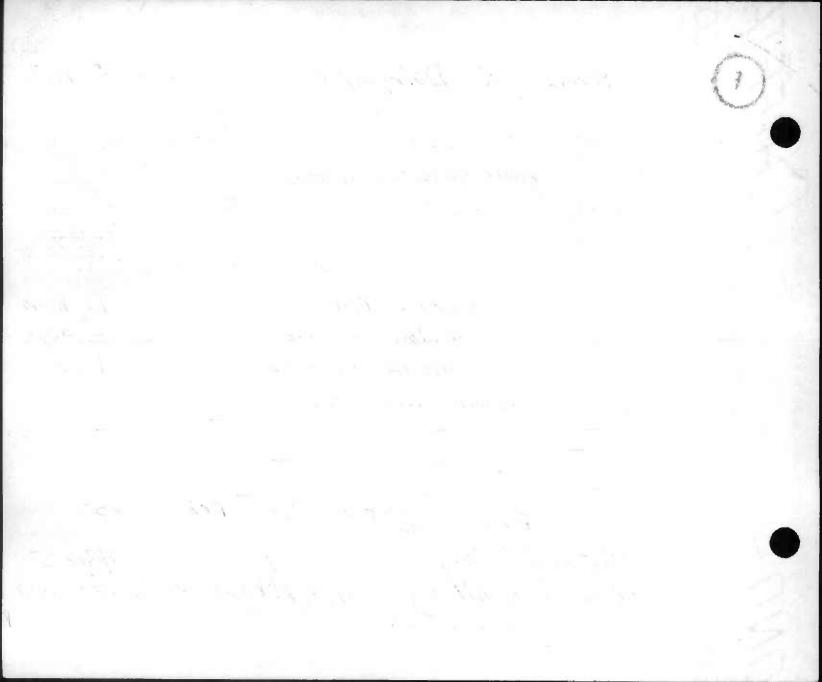
FOR STATE REGISTRAR	
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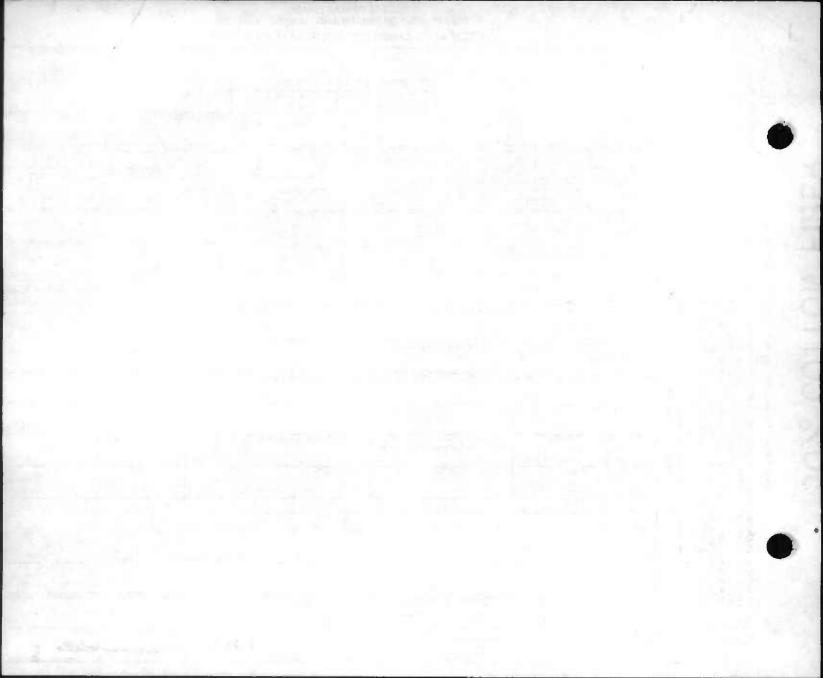
	2
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	
	_

4		CERTIFI	CATE OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST (TYPE OR PRINT) Perma	R Da	2/4/1	m ple	20. DATE OF DEATH	2-	13.85	2b. HOUR
3. SEX	4. RACE	5. DATE OF	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Caucasian	Aug.	10°, 19°03	81	VDC	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8		9 BALTIMORE CITY C	PR COUNT	Y OF DEATH	
Pennsylvania	United State	MARRIED	NEVER MARRIED DINORCED D	Montgome	rv C	ounty	м
M. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			120 USUAL OCCUPAT	ION	17h KIND O	F BUSINESS OI
Olney /	BROOKE GROVE	Nurs	ing Home	Homemake	r working i	WEI WOUSTRY	
USUAL RESIDENCE. (IF NUR 130. STATE Pennsylvania Le	NTY. LL CITY OR YOU	1	IM INSIDE CITY LIMITS? YES ₩ NO □	135941 Mai	n St	rect/1	8051
Richard	MIDDLE Frit		15. MOTHER'S MAIDEN NAM	MIDDLE		Shoem	aker
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC 199-36		Shirley E.	Dalrymp1	eRoc	06 Pac kville	ific A
PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), a ED BY: TE CAUSE (a) C BY O	nd icui	Failure			BETWEEN C	MATE INTERVAL ONSET AND DEATH
PART 2. OTHER SIGNIFICANT	conditions contributing to	DEATH BUT I	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GI	VEN IN PART 1	/
190 DATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
190 DATE OF OPERATION		H OPERATION		YES NO X	IN CERT	IFÝING CAUSES	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH		N WAS PERFORMED 21c. HOW INJURY OCCUR!	YES NO X	IN CERT	IFÝING CAUSES	OF DEATH?
	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		YES NO X	IN CERT Y PRY IN ITEM 18	IFÝING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22d. I certify that (1) (this basp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE	DAY YEAR 19	21c HOW INJURY OCCURI	YES NO A	IN CERT Y PRY IN ITEM 18	PART I OR PART 2) COUNTY	OF DEATH? NO
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE AT WORK 220. I certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (find not) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE (atal) attended the deceased from	DAY YEAR 19 FARM.EIC)	211. LOCATION STREET 19 d that in (my) (aur) apinian appearse ATTENDING PHYSICIAN	YES NO A RED (ENIER NATURE OF INJU- CITY OR TO to death accurred on the d	IN CERT Y OWN ote and ha	PART I OR PART 2) COUNTY	OF DEATH? NO
OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK 22d. certify that (1) (this hasp saw the deceased alive or abave, (1) (we) (did) (did not abave, (1) (we) (did) (21b. TIME OF INJURY HOUR A.M. MONTH I P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE (atal) attended the deceased from	DAY YEAR 19 FARM.EIC)	211. LOCATION STREET 211. LOCATION STREET 19 78 d that in (my) (aur) apinian. DEGREE ATTENDING PHYSICIAN (220-ADDRESS)	YES NO X RED (ENTER NATURE OF INJU- CITY OR TO death accurred an the d	IN CERT Y OWN ote and ha	PART I OR PART 2) COUNTY . 19	OF DEATH? NO STATE that {I) (we) la causes stated
OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22a.1 certify that (1) (this hasp saw the deceased alive or abave, (1) (we) (did) (find not 22b. SIGNATURE)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE The view the body after death. 23b. DATE Feb. 23b. 16, 1985	DAY YEAR 19 FARM.EIC) NAME OF CE	211. LOCATION 211. LOCATION 19 d that in (my) (aur) aprinon DEGREE ATTENDING PHYSICIAN 221. ADDRESS 3533 EMETERY-OR-CREMATORI Church Com.	YES NO A RED (ENIER NATURE OF INJUINATION CITY OR TO IN CERT Y OWN ote and ha FF CIAN	COUNTY 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 19 3. 10 19 19 19 19 19 19 19 19 19 19 19 19 19	STATE STATE That (I) (we) la causes stated SIGNED Sylvan	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR





OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP.

STATE OF MARYLAND

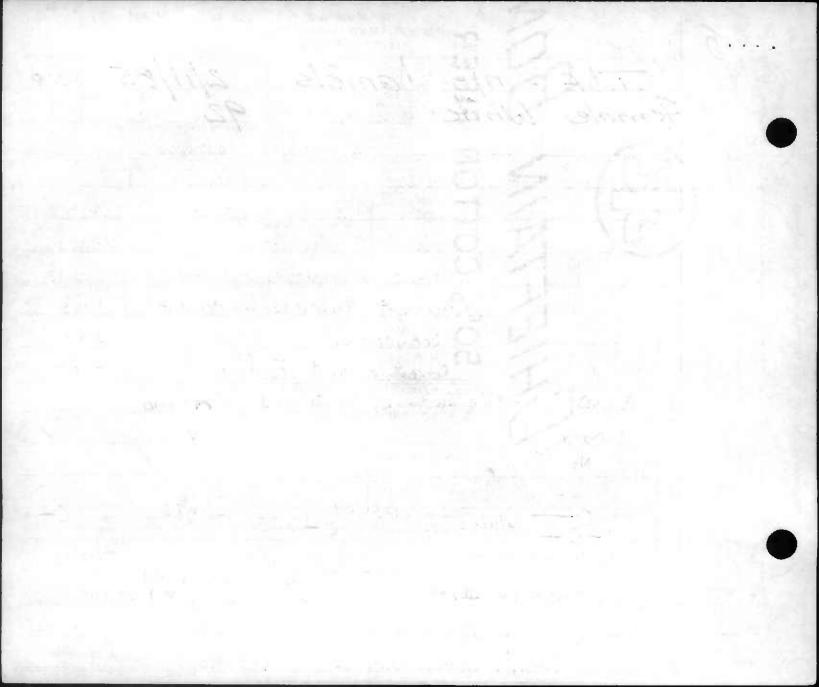
1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG			
	CEASED NAME	FIRST - F	Marie.	10	niels	REG. NO.	185 YEAR	26 HOUR 8:30 F
1.5E)	mak	1. RACE	hite	S. DATE O	H DAY YEAR	6 AGE (IN YEAR LAST BIRTHYAY	MONTHS DAYS	
Ma	RTHPLACE (STATE OR OUNTRY) ruland	u.s	of what country?	MARRIE		9 BALTIMORE CITY OR CO	ry	
Sil	ver Sprin	a Holy	Cross Hosp	ital	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Seamstress		OF BUSINESS (
Mar.	uland	Sing home or other institute 13b COUNTY Montgomery	13c. CITY OR TOW	M	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP 4412 Brooks		ve 201
Y.	THER'S NAME FIRST	WIDDIE	Bauer		15 MOTHER'S MAIDEN NAM	WIDDLE	Mich	raels
	ES. NO OR UNKNOWN)	RIN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			Marguerite L.	Hunt Daught		as 13
	PART I. DEATH V	TH (Enter only one couse WAS CAUSED BY: IMMEDIATE CAUSE (o.	Pa	1-	Crebrovas	ular Accident		NONSET AND DEA
	Conditions, if ony gove rise to im	, which bimediate	1.00	hydr	etem	0	2	83
	underlying cous		O, OR AS A CONSEOU	ester	NOT RELATED TO THE TERM	ulure INAL DISEASE OR CONDITIO	DI GIVEN IN PART	85
CERTIFICATION	ASC VI	N67 ATION 196. CO	NDITION FOR WHICH	OPENATIO	N WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FIND CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
	21g. ACCIDENT WAS UN OR CONTRIBUTING (IN	PAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I		
MEDICAL	21d INJURY OCCUR	RRED 21e PLA	CE OF INJURY STREET FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNTY	STAF
	22a I certify that	ng plive on	the deceased from	.01	nd that in my toon apinion	deoth occurred on the dote o	nd hour and from th	e couses state
	226. SIGNATURE P	thick I	cm ²		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		n/85
	22d. PHYSICIAN'S N	Platrick	A MO		22e ADDRESS 933 Silver	Coledanie	Rd 20911	O
23a Bi	URIAL, CREMATION SPECIFY) BUTIAL				e Park	23d LOCATION CITY OR TOWN Baltimore	COUNTY	Marylar
24 FU		Francis J.		main		E REC'D. BY REGISTRAR 256 I		ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

500 University Blud. W

Silver Spring.



4 moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

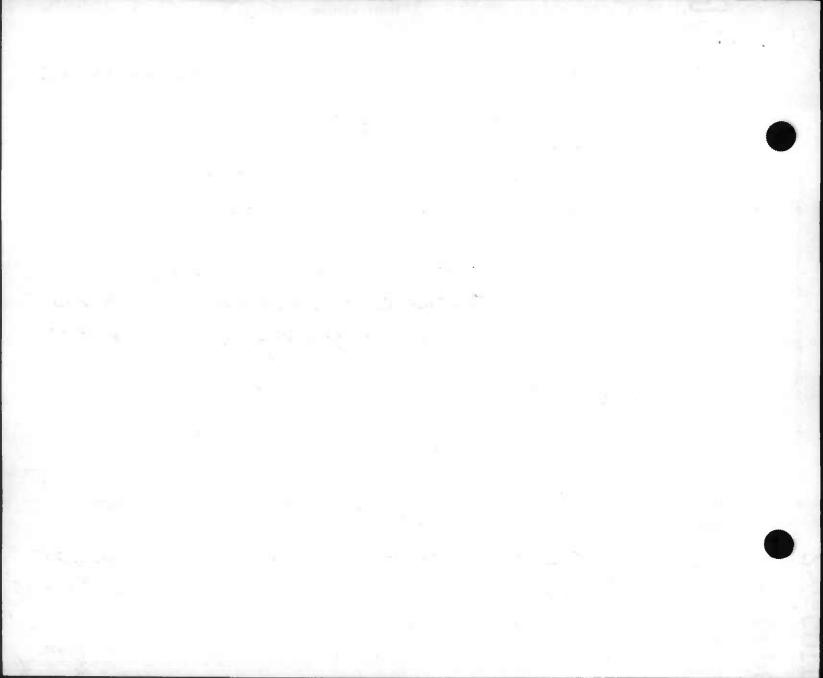
1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYC				
I. DE	CEASED NAME	FIRST		WIDDLE	ī	AS1	REG.		DAY YEAR	25 HOUR
	E OR PRINT)	OVD .	LEE DAT	IDIITM						- CO. L.
3. SEX	v		L RACE	JITIN	5. DATE C	AE BIDTH	FEBRUARY		IF UNDER I YEAR	3:00
							AGE (IN YEARS LAST I		MONTHS DAYS	HOURS MI
Annual Control	MALE		CAUCAS			BER 21 1921	63	YRS		
	IRTHPLACE (STATE OR COUNTRY) LABAMA	FOREIGN		STATES	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY MONTGOME		OF DEATH	
x	TY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL RESIDENCE (IF NURS OF HE CONTROL OF THE NAME OF THE NAME OF HOSPITAL OF THE NAME OF THE NAME OF HOSPITAL OF THE NAME OF THE NAM				PROTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST RETIRED	TION	E) INDUSTRY	F BUSINESS O	
3a. S	AL RESIDENCE (IF NURS STATE ORIDA	SEMI	Y.	13c CITY OR TON ALTAMON	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 220 SPRIN	ZIP CODE	_327	14/4
14.FA	ATHER'S NAME FIRST MARSH		AFAYETT	CE DAUPHI	N	IS MOTHER'S MAIDEN NA FIRST ON I	ME GEOHAGAN		LAS	T-
16a V	WAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS		
0	YES NO OR UNKNOWN)		2-1973	265-12	-1388	LILLIAN M. I	DAUPHIN, 220	SPRING	G LANE	HILLS
CERTIFICATION	Conditions, if ony gove rise to imm couse to 1, stotic underlying couse PART 2 OTHER SIGN	mediote ng the e lost	DUE TO, (c)	or as a consequ	ELOGEN	OUS LEUKEMIA NOT RELATED TO THE TERM N WAS PERFORMED	MINAL DISEASE OR CO		EN IN PART 110	
RTIFIC	196 DATE OF OPERATION 196				TOPERATION	WAS FERI ORMED	YES X NO	IN CERTIF	YING CAUSES	
MEDICAL CE	21g. ACCIDENT WAS UNI	CAUSE OF DEAT	HOUR A	OF INJURY A.M. MONTH E P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18 PA	ART I OR PART 2)	
MED	21d INJURY OCCUR	HILE DRK	(AT HOME S	FOF INJURY TREET FACTORY, OFFICE		211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
	22a certify that (1) (this hospital) attended the deceased from JANUARY 4 19 85 to FEBRUARY 3 19 85 that (i) (we) lost sow the deceased alive on FEBRUARY 3 19 85 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did) (did not) view the body after death.									
							MEDICAL ST. DIRECTOR PHYS		120 DATE	385
	D. L. GR			T, MC, US	SNR	226. ADDRESSNAVAL NATIONAL CAPI				
. (BURIAL, CREMATION,	REMOVAL				emetery or crematory on Funeral Ho	23d LOCATION CITY OR TOWN	Arlino	COUNTY V	STATE
24. FU	UNERAL DIRECTOR				_	26- DAI	E REC'D. BY REGISTRA	R 256 REGISTI	RAR'S SIGNAT	URE
A ₁	rlington F	uneral	Home	Arlingt	on, VA	ax Drive 22203	DOM: BUSE	10. 0		1.00

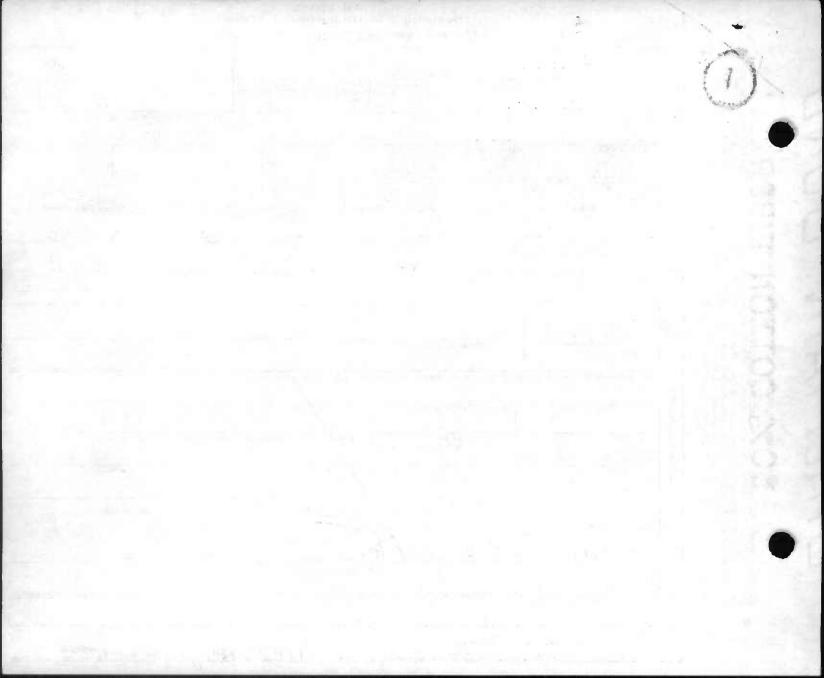
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and a should be detached for use as the burial-transit permit. Then please remove carbon papers, fingers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR





7 1133 proper inch i sedandrous of the continue teather in the southern in front against erinel code a year To the last the second of the Formation of the second
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1
TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral entered should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 from attending	
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.	
IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other traumatic event, the medical examiner must be nowlised at the	

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	STATE REGISTRAR			o Li Aiii	CERTIF	ICATE OF DEAT	Н	REG. NO.			
	CE ASED NAME	FIRST	A	MIDDLE	L.	AST		20. DATE OF DEATH MON	th C	DAY YEAR	2b. HOUR
(1498	OR PRINT)	Olive	JAKE 9	J. I	Davis			February 1	- ,	1985	10:50am
3. SE	X		4. RACE		S. DATE C			6 AGE (IN YEARS LAST BIRTHDAY		IF UNDER 1 YEAR	IF UNDER 24 HRS
f	emale		white	2	09	io i	ĹŽ	72	YRS.		
	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRI	ED [9. BALTIMORE CITY OR CO	YTAUC	OF DEATH	THE STATE
	Colorado		U.S.	Α.	WIDOWE			Montgomery	CC	ounty	MD.
	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	R OTHER INSTITUTION	ON	120 USUAL OCCUPATION			F BUSINESS OR
	lney		Montgo	4	enera	1 Hospit	tal	Secretary	PKING LIFE		Gov't.
USU 13n	AL RESIDENCE (IF	13b. COU	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIA	MITS?	13e. STREET ADDRESS			
-	ryland		gomery	Silver			WII3!	3305 Solomon	s C	t. 20	906
	ATHER'S NAME					15 MOTHER'S MAIL	DENNAM	NE .			
	George	H.	MIDDLE	enkins		Lenor	מי	WIDDLE	H	arris	
16a \	WAS DECEASED E			16b. SOCIAL SECU	URITY NO.	17. INFORMANT	a	ADDRESS	- 11	0,1110	
	YES, NO OR UNKNOWN		E WAR OR DATES)	577-54-	2325	Alfred O.	Dav:	is (Husband)	Sam	e as #	13.
CERTIFICATION	Conditions, if gove rise to couse (a), s' underlying co	immediate lating the buse last.	DUE TO, OF	. 10, 51478	DEATH BUT	NOT RELATED TO THE	HE TERMI	NAL DISEASE OR CONDITION	ON GIVI		
TIFICA	DATE OF OPE	= RATION	198 COND	TION FOR WHICH		N WAS PERFORMED				YING CAUSES	
	218, ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJURY IN	TEM 18 P	ART 1 OR PART 2)	
MEDICAL	21d. INJURY OCC	T WHILE T	21e, PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
A.			reb	e deceased from19			opinion d	eath accurred on the date of	nd hour		
	Che	in R	Luma	2	MD	ATTEN PHYSI		MEDICAL STAFF	X	Feb	2,1985
	22d. PHYSICIAN	Dan S	2 Kur	nar		Monta		y General	Ho	spital	Olney
	BURIAL, CREMATIO	ON, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREM.	ATORY	23d. LOCATION		COUNTY	STATE
	Crematio	n	Feb/2	/85 C	hambei	rs Cremato			P.G		Maryland
24 E	INFRAL DIRECTO	D					25a DATE	DEC'D BY REGISTRADIOS	REGIST	DAD'S SIGNIATI	IDE

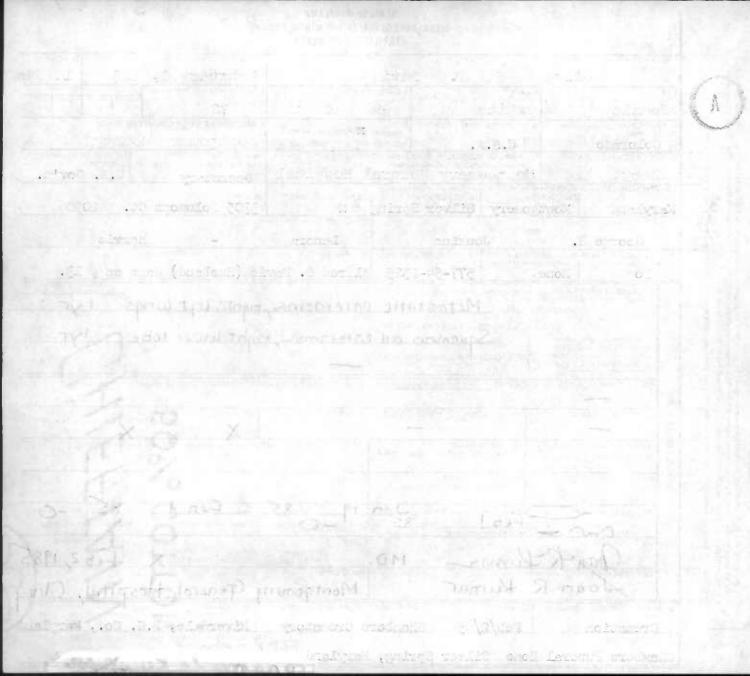
DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

Chambers Funeral Home Silver Spring, Marylar

FEB 06 1986 Julia Devidon Andelle =



	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENI
REGISTRAR	CERTIFICATE OF DEATH

STATE OF MARIEMED	L.J
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.	
1. DEC	CEASED NAME FIRST	Luzmila MIDDLE	LAS	de Garay	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(1111)		MILA	de	TARAY	Feb. 1.	1985 / 30/
3. SEX		4 RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI
T	Female	White	May	8, 1897	87 VPS	MONTHS DATS HOURS MI
	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.		9 BALTIMORE CITY OR COUN	
CC	OUNTRY)		MARRIED	☐ NEVER MARRIED ☐		
	Peru TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL	WIDOWED		Montgomery 120 USUAL OCCUPATION	17b. KIND OF BUSINESS O
		(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF WORKING	(IFE) INDUSTRY
	hevy Chase		Retirement	Center	Homemaker	Own Home
13a. ST	TATE 136 COL	INTY 13c CITY	or town ington, DC	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 5327 Nevada A	DE NW/20015
14. FA1	THER'S NAME	Wasi.		5 MOTHER'S MAIDEN NA		101111/20025
	Luis	MIDDLE	Peri	Catalina		Pescheria
14- 144	AS DECEASED EVER IN U.S. A			17 INFORMANT	ADDRESS	r eponer ra
	ES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)				
	No	100-	-12-1551 D	Elizabeth L	. Valentine, Sa	
	18 CAUSE OF DEATH (Enter of		(b), and (c).)	1 5 0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DE ATH WAS CAUS	ATE CAUSE (a)	Respira	tony Fail	me	Tumaler
		DUE TO, OR AS A CO	ONSEQUENCE OF			
	Conditions, if any, which	(15)	13 heur	nonea		/ week
	gave rise to immediate cause (a), stating the	3 245 70 00 46 4 66	AND COURT OF	, ,		
	underlying cause last	DUE TO, OR AS A CO	INSECUENCE OF A	1/2 hermer	Giseare	unknow
NOF	PART 2 OTHER SIGNIFICANT		Coche R WHICH OPERATION	ás	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO } \)
H	210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN HEM 1	
	OR CONTRIBUTING CAUSE OF D		NTH DAY YEAR			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJUR	19	21f LOCATION		
	WHILE I NOT WHILE I	(AT HOME STREET, FACTOR		STREET	CITY OR TOWN	COUNTY STATE
- 1	AT WORK			1	7= 1	
	22a.1 certify that (I) (this has	(1) (7)	CD	m-few 19 79	to Stuar	
		ati view the body after dea	19 <u>0 2</u> , and	that in (my) (aur) opinion o	death occurred on the date and h	our and from the causes stated
	226. SIGNATURE	0 1	O O	GREE		224 DATE SIGNED
	Vhoma	& Clave	UV ~	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	Feb. 1, 19
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		27e ADDRESS		
- 1	Thomas	C. Havell,		4201 Cathed	tral Ave, NW, Wash	ington.D.C. 20
73n RI		1 23h DATE	23/ NAME OF CE	METERY OR CREMATORY	23d LOCATION	
230 BU	URIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d LOCATION CITY OF TOWN Philadelphia	COUNTY STATE
(5)	URIAL, CREMATION, REMOVA	2/4/85	Calvary	Cemetery	Philadelphia E REC'D. By REGISTRAR 256. REGISTRAR 266. 1995	, Penna.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion of discounded for use as the burial-transit permit. Then please remove carban papers. Page the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

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		South Libert			
	. LINGTON				
		P	W. 62.15	nžero"	
				The season	
		rio data	Enthrope and phones	May Tours Trees	
Sign Notice	NAME OF STREET			And the first	
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	15-63/			May need 11	
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	el, Tress Tuebo	and the	***	and some	
				S. Delagar	
				and the last ter-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burnal-transfer permit. Then please remove corbon papers. Pages I and 2 should be filled within 72 hours, with the Stote Dapi. of Health and Mental Hygiene prior to burnal, cremation, or removal.

IMPORIANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical argument in the time.

STATE OF MARYLAND

DE

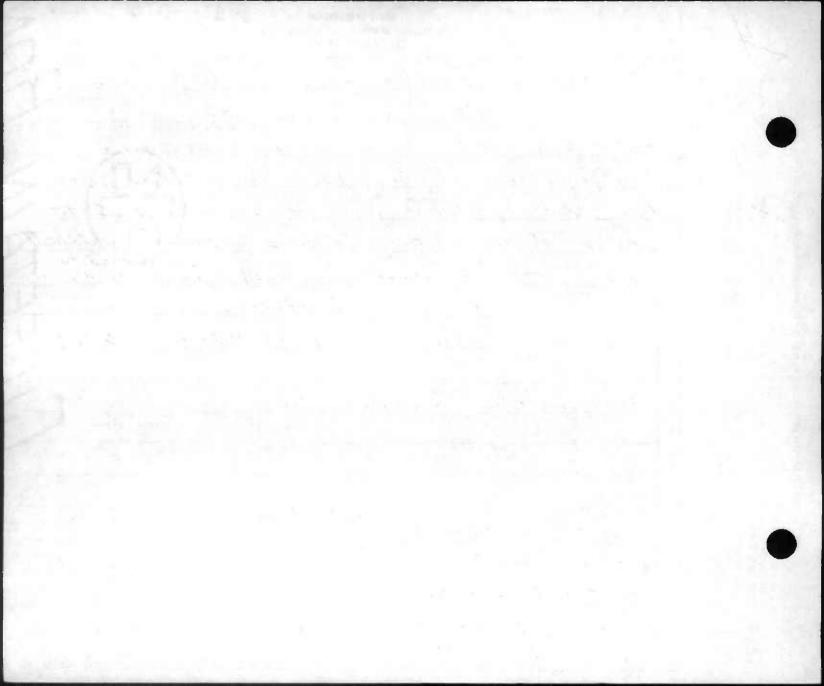
STATE OF MARYLAND	8
PARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO	
	1 DECEASED NAME (TYPE OR PRINT) CATHE	Prine E	Delaforce 1s. Date of BIRTH		MONTH DAY YEAR 26 HOUR 1985 330 PM (HDAY) IF UNDER 1 YEAR IF UNDER 24 HR.
1	Female	white	TAPRI 6 190		YRS.
1	70 BIRTHPLACE (STATE OR FOREIGN BUILDING HOLD OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	700	RCOUNTY OF DEATH 40 Mer V MD.
	Silver Spring	HULY COSS	Hospita/	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF ASSISTANT	ON 126 KIND OF BUSINESS OR
1		ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 1340 CITY OR TOY	OCIAC YES NO D	- 2700 Back	ZIP CODE er St. 20910
	Charles 1	Phillip de lat	Force Catherin	ne Ann	
		RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES) 220-12	- 6126 MS Nancy S	novell Elli	cott City Md Ziel
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or ED BY: TE CAUSE (o) ACUTE		chosis	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH HOURS
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE b) STABLE DUE TO, OR AS A CONSEQUE (c)	ULACED VENTA	AC HELNIA	3 Doys
	PART 2 OTHER SIGNIFICANT OF	1. 1.	DEATH BUT NOT RELATED TO THE TO	TERMINAL DISEASE OR CONS	DITION GIVEN IN PART 110
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
		HOUR A.M. MONTH D	DAY YEAR 19	CURRED (ENTER NATURE OF INJUR	PY IN ITEM 18. PART (OR PART 2)
	OR CONTRIBUTING CAUSE OF DE-	21e. PŁACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
	sow the deceased alive on obove (Miwe (did))(did no	ital) attended the deceased from 19 in the late of the	ond that ir (my) (our) opin	nion death occurred on the do	the one (we) lost one ond hour ond from the couses stoted
	220 SIGNATURE	Freyel	DEGREE ATTENDIN PHYSICIA	MEDICAL STAF	220 DATE SIGNED 270 DATE SIGNED
	MARTIN	C. SHARGE	3	720 FALLAN NSINGTON 1	GUT AVE.
1	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c 23c 25	NAME OF CEMETERY OR CREMATO	SUY OR TOWN	LA HOWARD MD
1	24 FUNERAL DIRECTOR	1 Blaubress	Total Control of the		25b. REGISTRAR'S SIGNATURE
	JUNCK TUNERALT,	ame EUICOTTE	CITY MD 21043 F	EB 1 5 1985	Fichia Davidson-Randale

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or attending physician.

BP.



	FOR	DFD 4 DV4		F MARYLAND LTH AND MENTAL HYG	8 b	U))	3 0
1 -	STATE REGISTRAR	DEPART		ATE OF DEATH	REG. N	0		
	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH		YEAR	2b HOUR
TITPE	OR PRINT)	SCOTT DELCAMP			FEBRUARY	3 1985		5:47 PM
3. SE		RACE	5. DATE OF E		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDERTYEAR	IF UNDER 24 HRS
	MALE	CAUCASIAN	JANUAF	RY 24 1985		YRS. MOI	NIHS DAYS	HOURS MIN
(RTHPLACE (STATE OR FOREIGN) COUNTRY) MARYLAND	UNITED STATES	MARRIED (NEVER MARRIED X	9 BALTIMORE CITY O MONTGO		FDEATH	MD
	TY OR TOWN OF DEATH BETHESDA	I 1 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NAVAL			120 USUAL OCCUPATION OF WORK FOR MOST ON NA		126 KIND O	F BUSINESS OR
130. 5	TATE N36 COUN	THER INSTITUTION GIVE RESIDENCE BEFORE TY 130. CITY OR TOW CE GEO S GLEN B	N 13	INSIDE CITY LIMITS?	13e STREET ADDRESS A		2106	1
I FA	THER'S NAME SCOTT ALAN	DELCAMP LAST	15	MOTHER'S MAIDEN NAM	LYNNE COON		LAS	Ť
	VAS DECEASED EVER IN U.S. ARA (155 NO OR UNKNOWN) NO ATTE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) N/A		SCOTT A. DELO	CAMP, 91 MAR		APT	202,
	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), one BY: CAUSE (a)		GLEN BURNIE PREMATURITY	, MD 21061		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	C-121 4	DUE TO, OR AS A CONSEQUE	ENCE OF					
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		10			
N	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART LE	
CERTIFICATION	190 DATE OF OPERATION	OPERATION 196 CONDITION FOR WHICH OPERATIO			200 AUTOPSY?	206. IF YES, V IN CERTIFYIN	NG CAUSES	
	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTHY MEDICAL EXAMINER) P.M.			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	ARM, ETC)	II. EOCATION STREET	CITY OR TO		COUNTY	STATE
	220 I certify that (1) (this haspite saw the deceased alive an	FEBRUARY 3 10		RY 24 , 19 85	FEBRUAR			that (I) (we) last

COMMAND

STATE

sow the deceased alive on ___FEBRUAR) above, (I) (we) (did) Add not) view the body often

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

MIRKINSON, LT, MC, USN

FEBRUARY

NATIONAL-CAPITAL REGION , BETHESDA , MD 20814 8,1985 Forest Cemetery Avenue

PATTENDING

23d. LOCATION CITY OF TANGOLA, New NYOrk

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

NAVAL HOSPITAL, NAVAL MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)

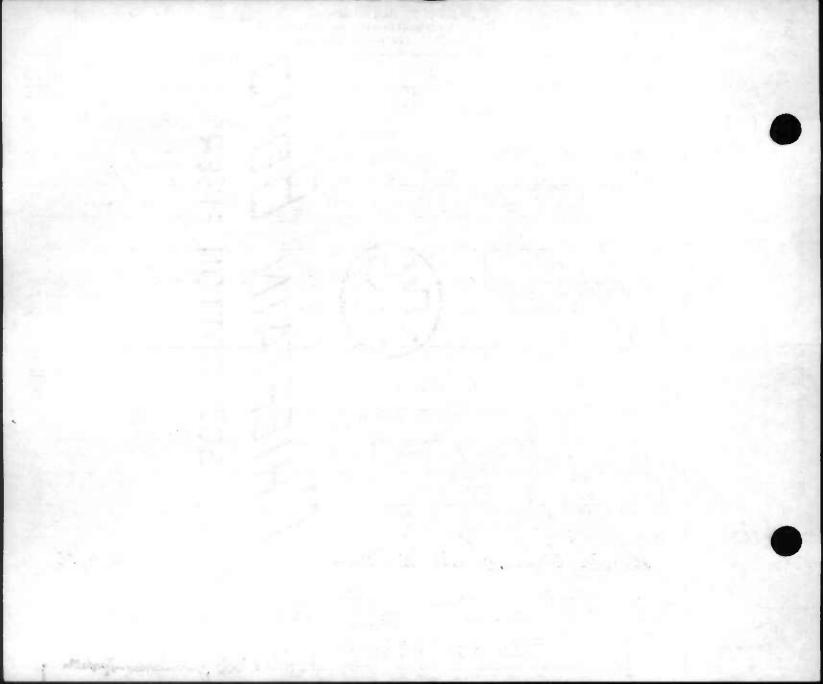
ould be detached far use as th the State Dept of Health

PORTANT: If Hem 21 is

TO FUNERAL DIRECTOR:

BP

Ives-Pearson Funeral Homes Falls Church, Va. 22046



injury, or other traumatic event,

MPORTANT. If them 21 is marked or them 18 shows any

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR		DEPART		EALTH AND A		IENE	DEC NO			
I. DE	CEASED NAME FIRST	A	IDDLE	L.	AST		2n DATE	OF DEATH	MONTH	DAY YEAR	2h. HOUR
(TYPE	OR PRINT) EDWA	RD	JAMES	DEM	PSEY		FEB	RUARY	1, 19	85	8:45 ^P M
3. SE	4	RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAY	
	MALE	WHITE		FEB	12.	1960		24	YRS		HOURS MIN,
	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF V	VHAT COUNTRY?	MARRIEI	NEVER A	ARRIED T	9 BALTIA	MORE CITY O	COUNT	Y OF DEATH	
1	Over Del.	U.S.A		WIDOWE	D D	ORCED		NTGOME			MD
1	TY OR TOWN OF DEATH BETHESDA	THE CL	OSPITAL, NURSING A FACILITY, GIVE STREET LINICAL C	ENTER		ITUTION	(TYPE OF W	AL OCCUPATION WORK FOR MOST OF tender			OF BUSINESS OR
13e. S	ALRESIDENCE (# NURSING CHEORO TATE HIS OUNT IST OF COL	THER INSTITUTION, O	GIVE RESIDENCE BEFOR 13c CITY OR TOW WASHING	/N	134 INSIDE C	NO [T ADDRESS /			009) e, NW,608
14. FA	THER'S NAME	DDLE	LAST			MAIDEN NA		MIDDLE			AST
J	ames H. Demp		2707			ecca	T		nok		A31
	VAS DECEASED EVER IN U.S. ARM	ED FÖRCES? WAR OR DATES)	221-58-6		17 INFORMA	(Fathe	r) PSEY	RD2,		43-1 L	(19958) EWES, DE
	18. CAUSE OF DEATH (Enter only				OTHIND	II. DEII	LOLL			APPRO	OXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE	BY	RESPIRAT		SUFFIC	TENCY				DET WELL	N CHIEF AND DEATH
	IMMEDIATE	CAOOL (O)			OULIE	LUITOI					
	Conditions, if any, which		AS A CONSEQU		NARY CO	ON SOLT	ΔΤΤΛ	V			
	gove rise to immediate couse (a), stating the)			MILL O		ALIO				
	underlying couse lost.		RAS A CONSEQUENCE OF IFFERIENATED KAPOSI'S SARCOMA								
	PART 2 OTHER SIGNIFICANT CO							ASE OR CONE	ITION GI	VEN IN PART	lia
O											
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AL	JTOPSY?	IN CERTI	S, WERE FINE FYING CAUSI ES XX	INGS USED S OF DEATH?
CERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF			21c HOW IN	JURY OCCURR		NATURE OF INJUR			
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.A	A. MONTH D	AY YEAR							
MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATIO	Ň				COUNTY	
¥	WHILE NOT WHILE AT WORK AT WORK							COUNTY	STATE		
	220 L certify that XC (this hospital) ottended the	deceased framC	ctobe	r 30,	. 19_84_	to _F	ebruar:	y 1,	19_85	., th XX II (we) last
	sow the deceased alive on above, x) (we) (did) (x) (b)	view the body	olter death	. on	d thotXXXX	(our) opinion o	death occu	irred on the da	te and ho	ui and from th	e couses stated
	226 SIGNATURE			[DEGREE						E SIGNED
	Amar	ton			7.0	TTENDING PHYSICIAN [OR PHYSIC	IAN		2-85
	774 PHYSICIAN'S NAME (TYPE OR)		22e ADDRES	NATION	AL IN	STITUT	EŚ OF	HEALT	H
	ALISON 1	YAKTIM			CLINIC	AL CEN	TER,	BETHES	DA, M	ARYLAN	D 20205
	URIAL, CREMATION, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR C	REMATORY		CATION		COUNTY	SLATE
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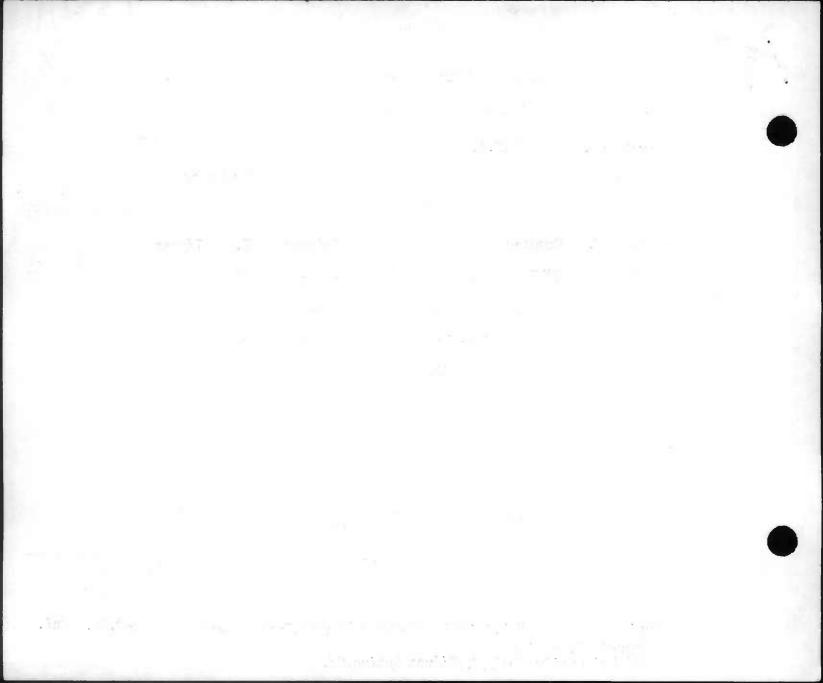
Park | Dover Kent. Co. Vel 25 F Bargo By REGISTRAR 256 REGISTRAR 3 SIGNATURE dele

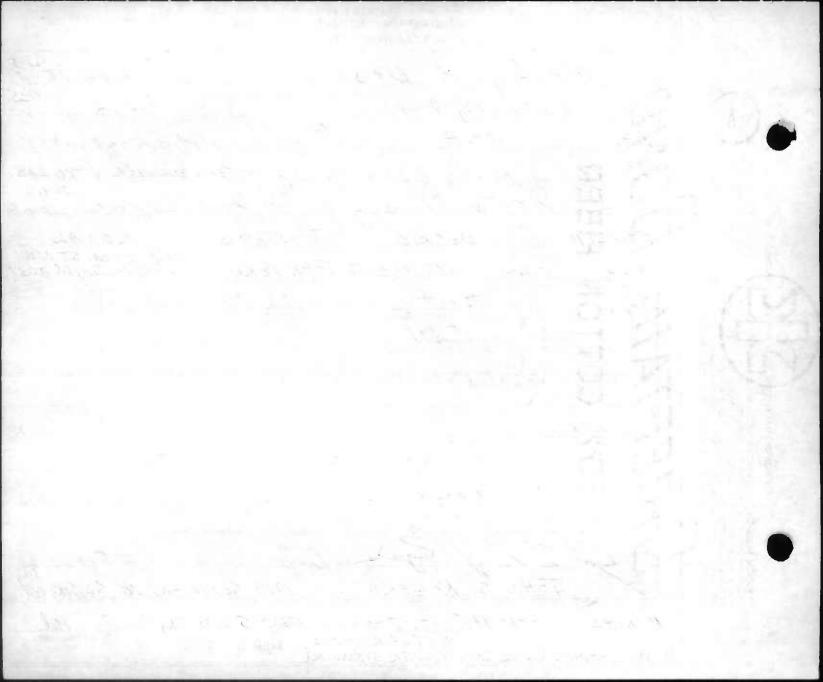
Burial

PRINCES J. Collins

ADDRESS

500 University Blvd., W., Silver





DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2a. DATE OF DEATH 26 HOUR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** MONTGOMERY 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY TRANSLATOR FREE ANCE 20000 WISCONSIN MIDDLE ADDRESS 3637 PATTERSON ST.N. WASHINGTON.D.C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 70b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (ever) opinion death occurred on the date and hour and from the causes stated PHYSICIAN X DIRECTOR PHYSICIAN

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

CREMATION

- STATE

(TYPE OR PRINT)

REGISTRAR

FIRST

I. DECEASED NAME

S. COLLINS SOU UNIVERSITY

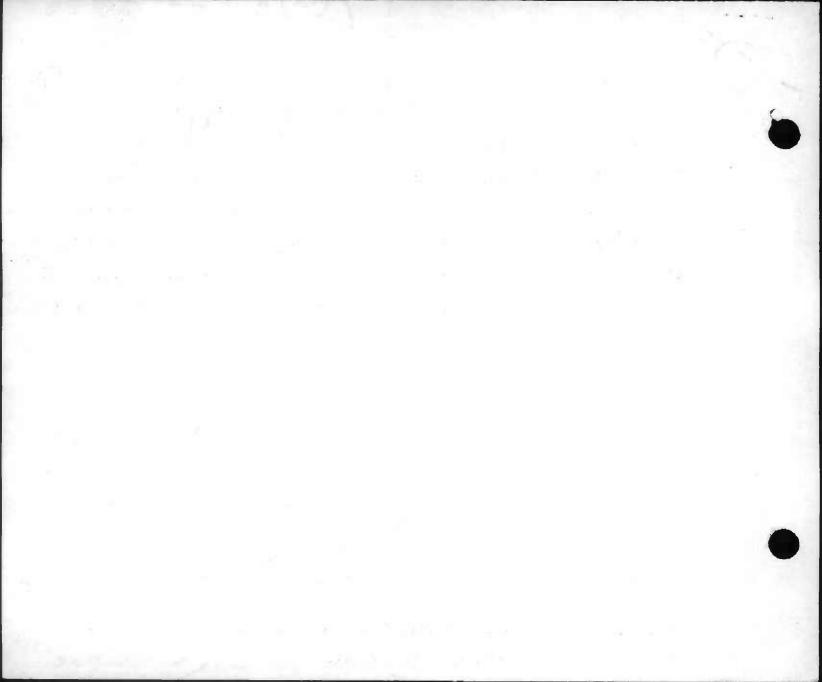
STATE OF MARYLAND

CERTIFICATE OF DEATH

ALEXANDRIA

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY



ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

25	de	FOR STAT
	- 60	DECEASE

STATE OF MARYLAND

JIAIL OI MARILAND	
DEPARTMENT OF HEALTH AND MENT	AL HYGIEN
CERTIFICATE OF DEAT	H

2		STATE REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO.			
		EASED NAME	FIRST	Mil	DDLE		LAST	20 DATE C		D HINC	AY YEAR	26 HOUR
	(TYPE	OR PRINT)	LLAN	BUR	RTON	Dies	temann		Fe6	15	1985	
1	3 SEX		4. F	RACE			OF BIRTH	6 AGE (IN	YEARS LAST BIRTHD	-	IF UNDER 1 YEAR	IF UNDER
6		MALE		W+	HTTF	AU 4	- 15 - 1 Z	1 5	72	YRS.	LOIVING DATS	HOURS
111		RIHPLACE (STATE OF	R FOREIGN 76	CITIZEN OF W	Andreas - Belleville	MARRIE	NEVER MARRIED	9 BALTIMO	ORE CITY OR		OF DEATH	
好	·	LORADO		11 9	A	WIDOWE		$51 m_0$	ontgo	mer	ч	
3//		Y OR TOWN OF DE	ATH 11.				OR OTHER INSTITUTION		OCCUPATION		126. KIND C	F BUSINE
106	Si	Iver Soi	.06	Holi	FACILITY, GIVE STR		prospetal			JGINE		NO
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100		RYLAND	MONTGO		STI UFR		YES NO NO	13e SIREE	ADDRESS / Z	2WTN	DAAD	200
1		THER'S NAME				- JI KIIW	15. MOTHER'S MAIDEN	VAME		CWIN		
(h/)		JOHN	EDWAR		DIETEMA	AIAI	FSTFII	E ED	ANCES		WRIGHT	51
2)	160 W	AS DECEASED EVE				CURITY NO.	17 INFORMANT	LIK	ADDRESS		WK 113H1	
	ΥË	ES, NO OR UNKNOWN)	(IF YES, GIVE W)	AR OR DATES)	E01 10	GEGA	ADJENE C	DIETEU	ANIN C	AUT	10 12	
	YE		KLXI.	*****	521-10		ARLENE C.	DIETEM	ANN	SAME		IMATE INTER
		PART I. DEATH	WAS CAUSED B	Y.	1 4		annedia!	in far	ction		BETWEEN	-
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				-								
mofile				DUE TO, OR	AS A CONSEC	DUENCE OF	- tous di	-0-04	9		7	
roumotic +		Conditions, if on		DUE TO, OR	AS A CONSEC	ary	artery di	seast	2		20	yes
her froumotic		gove rise to in couse (a), stat	nmediote ing the	(b)	AS A CONSEC AS A CONSEC	ary	artery di	reast	2		20	yea
or other froumotic		gove rise to in couse (a), stat underlying cous	nmediate ing the se lost	DUE TO, OR	AYON AS A CONSEC	ary ouence of					20	yea
ory, or other froumotic	Z	gove rise to in couse (a), stat underlying cous	nmediate ing the se lost	DUE TO, OR	AYON AS A CONSEC	ary ouence of	artery dis			TION GIVE	20 EN IN PART II	yea
y injury, or other troumotice	TION	gove rise to in couse (a), stat underlying cous PART 2 OTHER SIC	nmediate ing the se lost	DUE TO, OR (1c)	AYON AS A CONSEC	QUENCE OF	NOT RELATED TO THE TE	RMINAŁ DISEA:	se or condit	3.4		
s ony injury, or other troumotice	ICATION	gove rise to in couse (a), stat underlying cous	nmediate ing the se lost	DUE TO, OR (1c)	AYON AS A CONSEC	QUENCE OF			SE OR CONDIT	Ob. IF YES	WERE FINDIN	NGS USE
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rked or Item 18 shaws ony injury, or other troumotre	MEDICAL CERTIFICATION	gove rise to in couse 101, stat underlying couse 101, stat underlying couse 19a DATE OF OPER. 21a ACCIDENT WAS UITOR CONTRIBUTING 11FEITHER NOTIFY MED 21d INJURY OCCUI	ATION ATION DERLYING CAUSE OF DEATH DICAL EXAMINER) RRED	DUE TO, OR. 10) NDITIONS CONDITI 21b. TIME OF HOUR A.M. 21e PLACE O	AS A CONSECUTIVE TO THE PROPERTY OF THE PROPER	QUENCE OF TO DEATH BUT TICH OPERATIO DAY YEAR 19	NOT RELATED TO THE TE ON WAS PERFORMED 21c. HOW INJURY OCC 21f. LOCATION	RMINAL DISEA: 200 AUT YES []	OPSY? 7	Ob. IF YES N CERTIFY YES	, WERE FINDIN YING CAUSES 5 [] ART LOR PART 2)	NGS USEE OF DEAT NO
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DHMH - 16 60M 7/84 (VRA 15, 4)

500 UNIV BLVD. W. SILVER SPRING MD.

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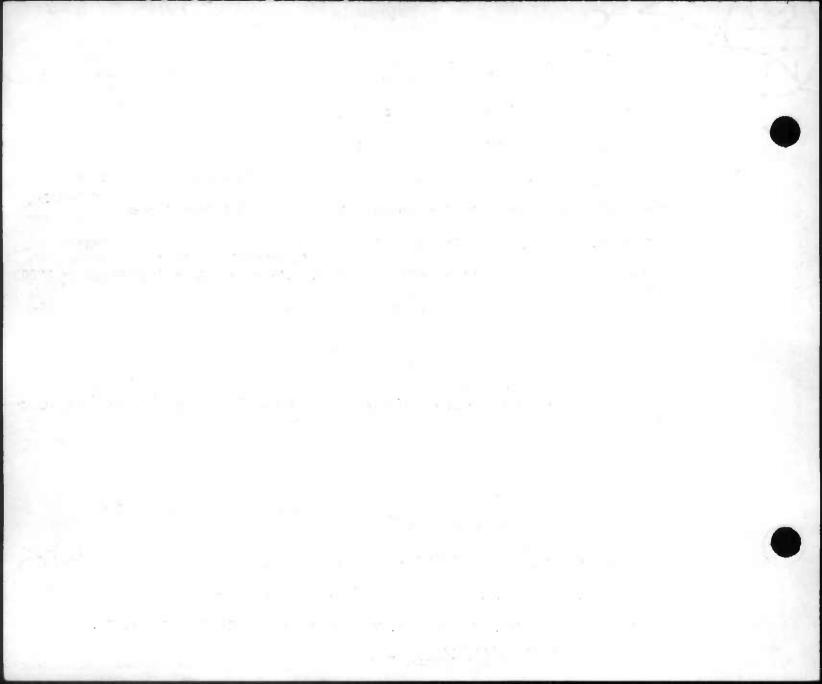
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	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND MI
STATE	CONTINUE OF DE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIEICATE OF DEATH

	REGISTRAR			CERTIFI	CATE OF D	EATH DR	NOON			
	CEASED NAME FIRST CORPRINT)	Lillian	Scruggs .	BILLA	Dilla	rd 895	Feb. 1	7, 1983 - 2	DAY YEAR	7132A
3. SEX	X	4. RACE		5. DATE O	F BIRTH DAY	YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY]	WONTHS DAYS	IF UNDER 24 HRS
	Female	Cauca	sian	@3	23	1895	89	YRS		
J. BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 MAPPIED	□ NEVER A	AARRIED T	9 BALTIMOR	E CITY OR COUNTY	OF DEATH	
1	Virginia	USA		WIDOWE		VORCED [Beti	hesda Moi	ntgomer	
10. CI	ITY OR TOWN OF DEATH	1.1. NAME OF H	OSPITAL, NURSIN	G HOME O	R OTHER INST	ITUTION	12a USUAL O	CCUPATION FOR MOST OF WORKING LIFE		F BUSINESS O
B	ethesda	Suburb		PITAL			Homen		Hom	ie
130 S		YTAUC	13c. CITY OR TOWI	N 1	13d INSIDE C			DDRESS / ZIP CODE		9990
_	irginia A	llegheny	Clifton	Forge	YES X	MAIDEN NA		Park Stree	et /	11/
14 FA	FIRST	MIDDLE	LAST			E#R5T	VIE.	MIDDLE	LAS	
	James 1	D.	Scrugg			dith		ADDRESS		ers
	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE	GIVE WAR OR DATES)	166 SOCIAL SECU			NT (daug		8120 Sax	4	
	No		229-78-9	901	Mary I	McAl	lester	Annandal		
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA		line for jai, (b), one	dic.		7			BETWEEN	ONSET AND DEAT
		DIATE CAUSE (a)	alo	lin	1 10	SALLS			mu	us ca
		DUE TO OR	AS A CONSEQUE	NCE OF	1					1
	Conditions, if ony, which		<		unt.	11 to	NA		13	wh
	gove rise to immediate) "	Tour	U-C.	1					
	couse (a), stating the underlying couse lost		AS A CONSEQUE	NCE OF	U					
	onderlying coose lost	((c)						1		-0
NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	INTRIBUTING TO E	DEATH BUT	NOT RELATED	O THE TERM	IN AL DISEASE	OR CONDITION GIV	EN IN PARTY	le o Xo
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFO	RMED	700 AOLO		, WERE FINDI	
T							YES 🗌	NO YE		NO [
CER	210 ACCIDENT WAS UNDERLYING	- 110110 4 4	INJURY M. MONTH DA	AY YEAR	21¢ HOW IN	JURY OCCURE	ED (ENTER NAT	URE OF INJURY IN ITEM 18 P	ARI I OF PART 2)	
¥	OR CONTRIBUTING CAUSE OF	DEATH		19						
MEDICAL	214 INJURY OCCURRED	21e. PLACE C			21f LOCATIO	NC				
W	WHILE CONTROLS C	(AT HOME STRE	EET FACTORY OFFICE, F	ARM ETC)	STREET			CITY OR TOWN	COUNTY	STATE
	27s.1 certify that (I) (this b		debarred from	2	FOR	19 8 5	An	17 17K	10 85	the (1) (wa) le
	saw the decreased any	1 11 7	deceosed from	620	d that in (my)		death accurred	on the date and hou	ond from the	course stated
	above_(l)_we(did)(d)	I not i view the body o	otter death.			3001, 001111011	Jeoni occorrec	Ton the dole ond not		
	MA SIGNATURE		\		EGREE				22c DATE	SIGNED
	100	NO	Jour	~		PHYSICIAN D	MEDICAL DIRECTOR	STAFF PHYSICIAN	112	1200
	224 PHYSICIAN'S NAME (1	YPE OR PRINT)	9		22e ADDRES	S	,			
	Paul T. N	oone, M.D.			50 W.	Edmins	ton Dr.	, Rockvil	le, Mar	yland
	BURIAL, CREMATION, REMO			NAME OF CE	METERY OR	CREMATORY	23d LOCA	TION	CO10174	STATE
(Buria1	Feb. 1	19, 1985	Mt. V	iew Cer	meterv		ifton Forg	e, Va.	STATE
24. FU	UNERAL DIRECTOR					25a DAT	E REC'D BY RE	GISTRAR 25W REGIST		HREndall-
	NAMCapitol F	uneral_Se	rviceDDRESS	T7.2	~4 ~ 4 ~	FF	B25	1985	ACCUPATION .	
_	-	Fal	ls Church	, vir	ginia					

DHMH - 16 50M 4/83 (VRA 15, 4)



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If Item

MPORTANT:

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Nov. 21, 1887

5 DATE OF BIRTH

REG. NO.				
20 DATE OF DEATH MONTH	25-	PEAR -	26 HOU	
6. AGE (IN YEARS LAST BIRTHDAY) 97 YRS	IF UNDE	DAYS	IF UNDER	24 HRS
9 BALTIMORE CITY OR COUNT Montgome		ATH		

7a. BIRTHPLACE (STATE OR FOREIGN New York

Male

76 CITIZEN OF WHAT COUNTRY? U.S.A.

G.

MARRIED A NEVER MARRIED WIDOWED [DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

17h KIND OF BUSINESS OR Retired Wholes ale Clothing

10. CITY OR TOWN OF DEATH Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION.

1136 COUNTY Rockville Montgomery

13d INSIDE CITY LIMITS? YESX NO [

Emily

13e.STREET ADDRESS / ZIP CODE 6405 Tilden Lane 20852 15. MOTHER'S MAIDEN NAME

MIDDLE

Jansen

14 FATHER'S NAME Charles

CERTIFICATION

Maryland

MIDDLE

(J. L214m

4. RACE White

Dombert 16h SOCIAL SECURITY NO

Potomac Valley Nursing Home

17. INFORMANT

16s. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NY UNKNOWN) (IF YES, GIVE WAR OR DATES) William E. Dombert same as 13e 082-16-4077

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO RESPIRATION ARREST	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate	1 week
underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF UNDERLY TRACT INFERTION"	SYRS
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART Line

ı	PROBABLE 1	BLADOFA	CARCINOMA	CHROME	UBV	MUCALE	PULMOMM	by DISEASE	
ı	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	VAS PERFORMED		20a AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEAT	
I						YES NO	YES	□ NO □]
-1		THE THAT OF BUIL	LIEV	I. MOMERTHING	CCLIBBER				

71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

NOT WHILE 27a.1 certify the (1) this hospital) attended the deceased from sow the deceased alive on above (D) (we) (did) (did no

21f LOCATION

and that in (m) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

STATE

view the body after death

ATTENDING A PHYSICIAN

22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN

DEGREE

10313 GOVRIA AND SILHER SPRING MARYLAND

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

2/28/85

23c. NAME OF CEMETERY OR CREMATORY
Mt. Olivet Cemetery

Maspeth, Queensyn New York

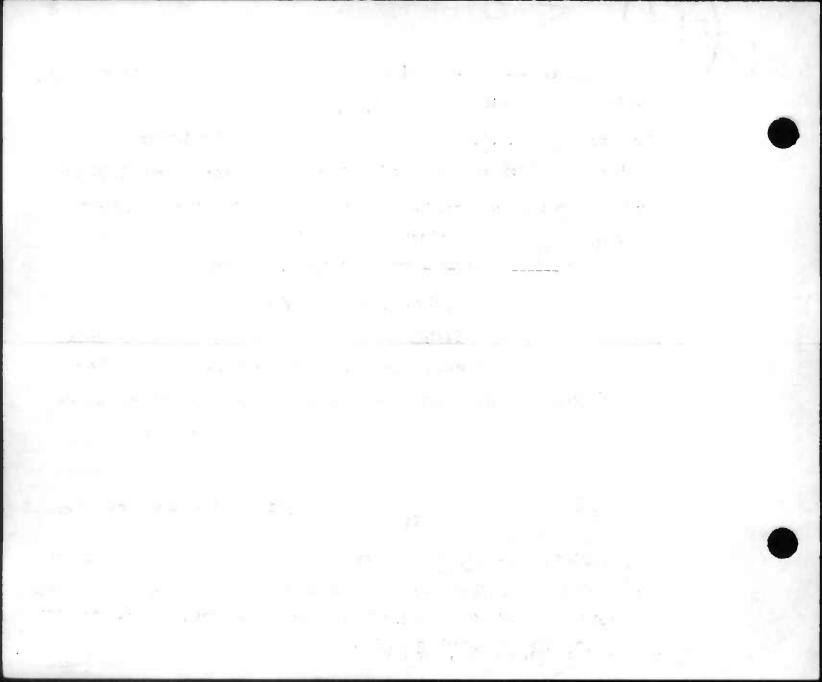
^{74 FUNERAL DIRECTY}son Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAR

CITY OF TOWN

DHMH - 16 50M 4/83 (VRA 15, 4)

Should be detached to with the State Dept. o



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumatic event, the medical

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

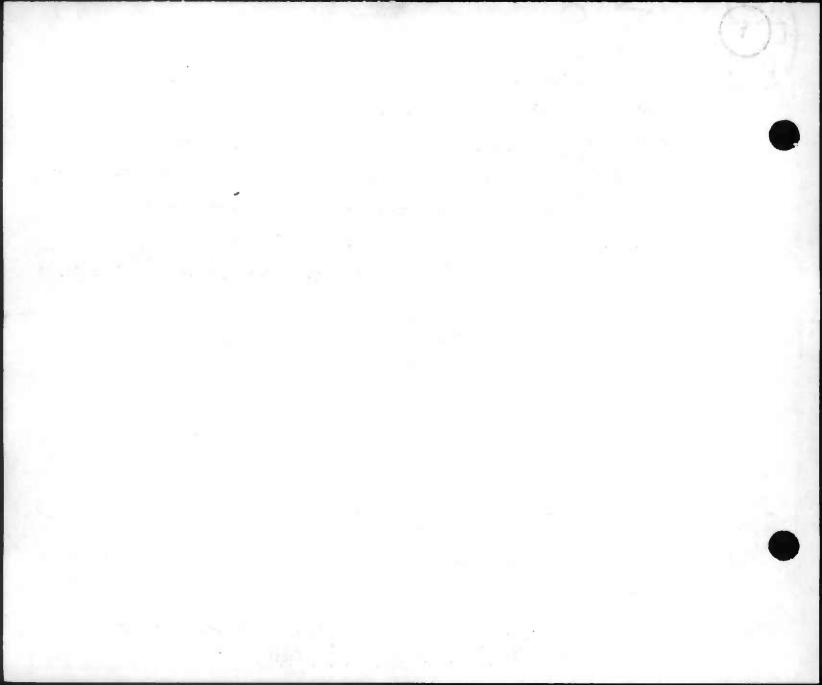
FOR - STATE REGISTRAR

STATE OF MARYLAND	25
DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
LAST	20 DA

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DAIL OF BLAIN	DAY YEAR 26. HOUR
Zelma	C. Dove		Feb. 9,	1985 1:30 P _M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Female	Black	Feb. 20, 1904	80 YRS	
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Mississippi	U.S.A.	WIDOWED X DIVORCED	Montgomery	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR
Silver Spring	8715 1st Avenue,	Apt. 618 C	Domestic Worker	Private Home
13a STATE 13b COU	or other institution, give residence before inty 13c CITY OR TOWN	oring YESX NO [8715 1st Street	20412
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
James F. Dove			ndler	
160 WAS DECEASED EVER IN U.S. AL	IVE WAR OR DATES!		Washingtons D.C	
No	579-26-70	004 James T. Gils	strap, brother, 35	
18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (a) Creades Cr	as Calus Cellupse		
	DUE TO, OR AS A CONSEQUE	NCEPF /	1 1 1	
Conditions, if any, which gove rise to immediate	(b) allero J	Cloude Cerencey L	asing alolase	2
couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		9/60 4011	4.
	(c) /simere	1.00	Gregistary and	7
	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MALDISEASE OR CONDITION GIV	/EN IN PART I I a
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	18h CONDITION FOR WHICH I	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
SE LINE DE LE CHERATION	The Condition Toll William	OF ENAMORY WAS TEN CHARLED	IN CERTIF	FYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURE	YES NO YE	
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	The Territory of the second	
(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	211 LOCATION		
WHITE NO WHITE	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	ortal) attended the deceased from	soullat your	5 10 2- 5	19 85 that (1) (we last
sow the deceased alive a	n 1-31 195		death occurred on the date and hou	
above, (I) (we) (did) (did n 22b. SIGNATURE	ot) view the body ofter death.	DEGREE	every by Com	122. DATE SIGNED
16,000	Kund in	ATTENDING	MEDICAL STAFF	2-10-85
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	P DIRECTOR PHISICIAN	
Noeman	5. Kough	ms 10313 G	GONG14 AVE	S.S. 100
230. BURIAL, CREMATION, REMOVA	L 236. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	1236 LOCATION	20100
(SPECIFY)		incoln Memorial	Suitland, Mary	land STATE
Burial 24 FUNERAL DIMECTOR	7400 G	eorgia Ave. NW 250 DAI	E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
McGuire Funeral S	Service, Incwashi		1 21985 Julia A	widow Render "
		IULUII D.C. LUUTE	The same of the sa	A . A . A . A . A . A . A . A . A . A .

7400 Georgia Service, Incwashington.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME LTYPE OR PRINT 85 DOWNES ANNIE LOUISE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR female white 80 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WIDOWED 126 KIND OF BUSINESS OR

To BIRTHPLACE (STATE OR FOREIGN Maryland IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION

12a USUAL OCCUPATION (TYRE OF WORK FOR MOST OF WORKING LIFE)
CLERK JUS JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS?

Brentwood Montgomery 4 FATHER'S NAME 5 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE King Lvdia Jessie Collins 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-28-1300 Evelyn Edmiston Mt. Rainer, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH Enter only one cause per line for io. (b., and PART I. DEATH WAS CAUSED BY ScUTE CARDIO-RESPIRATORY ARROST DUE TO, ORAS A CONSEQUENCE OF PROTIE CARDIN VASCULAR DISPASE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an and that in (my) (our) opinion death accurred on the date and have and from the causes stated abave, (1) [sel (did reld not) view the bady after death.

27b. SIGNIAL ATTENDING MEDICAL

TITEGERALD

23b. DATE

231 NAME OF CEMETERY OR CREMATORY Jones

CITY OR TOWN

PHYSICIAN DIRECTOR DHYSICIAN

TICE

Dept.

ISPECIFY Buria] 85 Cemeterv Millsboro THE TREE DON'T COSTRAR ISS. REGISTRAR'S SIGNATURE 24 FUNERALIDIRECT Millsboro, Dela.

DHMH - 16 60M 1/75 (VR A 15 (4))

CERTIFICATION

MEDICAL

AT WORK

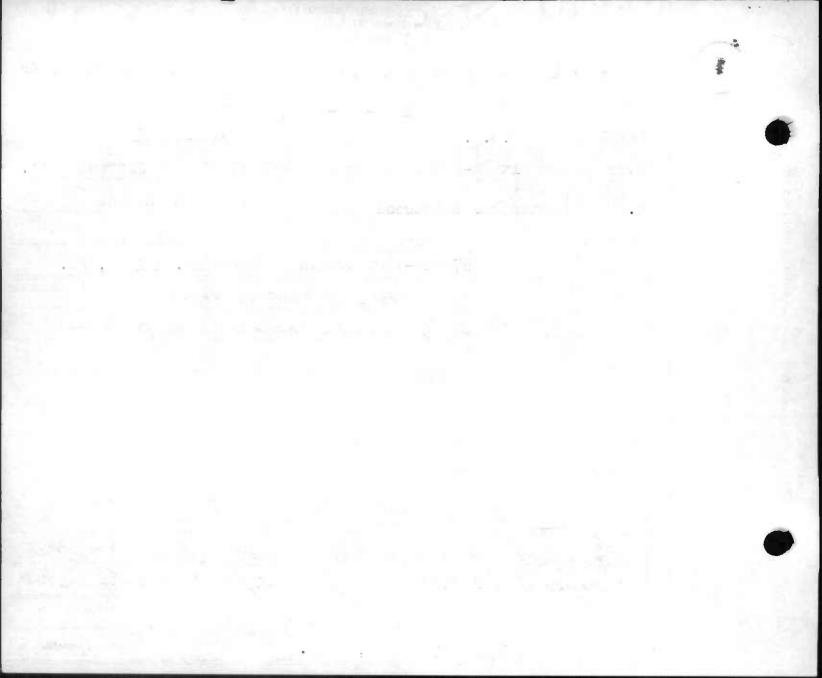
23a. BURIAL, CREMATION, REMOVAL

Mentol Hygie

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MPORTANT

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 _	_	_		_								===	-		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 76 HOUR . DECEASED NAME MIDDLE 2a DATE OF DEATH 20 LIYPE OR PRINT HUGH F. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER TO HE 4. RACE 5. DATE OF BIRTH 3. SEX 15 69 White Male 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8 To. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED Canada Canadian WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS! Retired Laundry Worker bur ban USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13b COUNTY GIVE RESIDENCE BEFORE ADMISSION S.S. 13d. INSIDE CITY LIMITS? 2378 Glenmont Mont. Circle MD YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Eileen Connolly Duckett James ADDRESS 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 01 9260 Beatrice Duckett (Sister) Same as 13E 18. CAUSE OF DEATH (Enter only one couse per line for a), (b), and (c).
PART I, DEATH WAS CAUSED BY: MIImma IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause PART 2 OFFICE SIGNIFICANT/CONDITIONS CONVIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO [716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OF TOWN STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE AT WORK 27a.1 certify that (1) (this hospital) attended the deceased from and that in (part (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING DIRECTOR PHYSICIAN

730. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

2/22/85 Burial

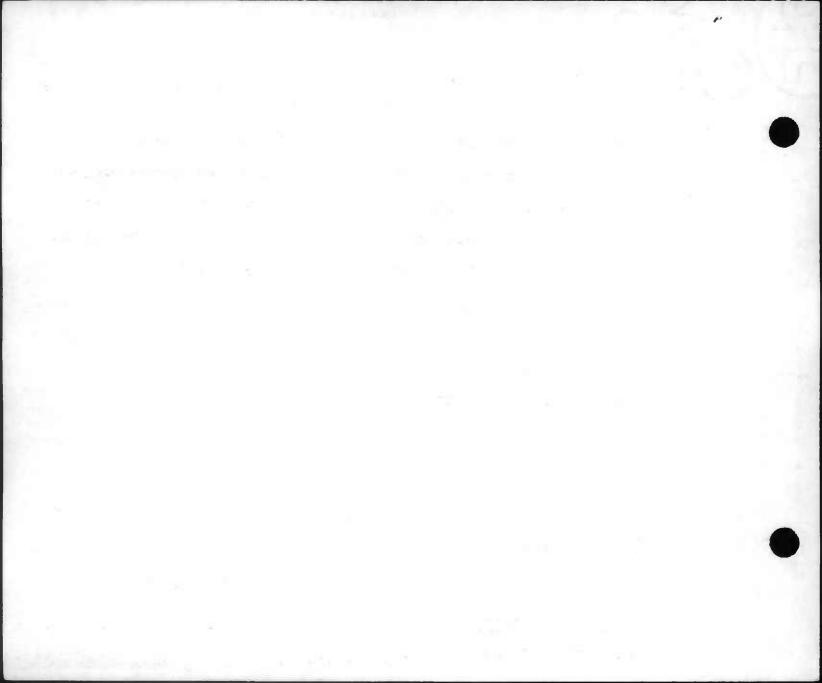
236, NAME OF CEMETERY OR CREMATORY Gate of Heaven

CITY OR TOWN S.S.

STATE Md. Mont.

75a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Hines/Rinaldi 11800 New Hamp. Ave. S.S



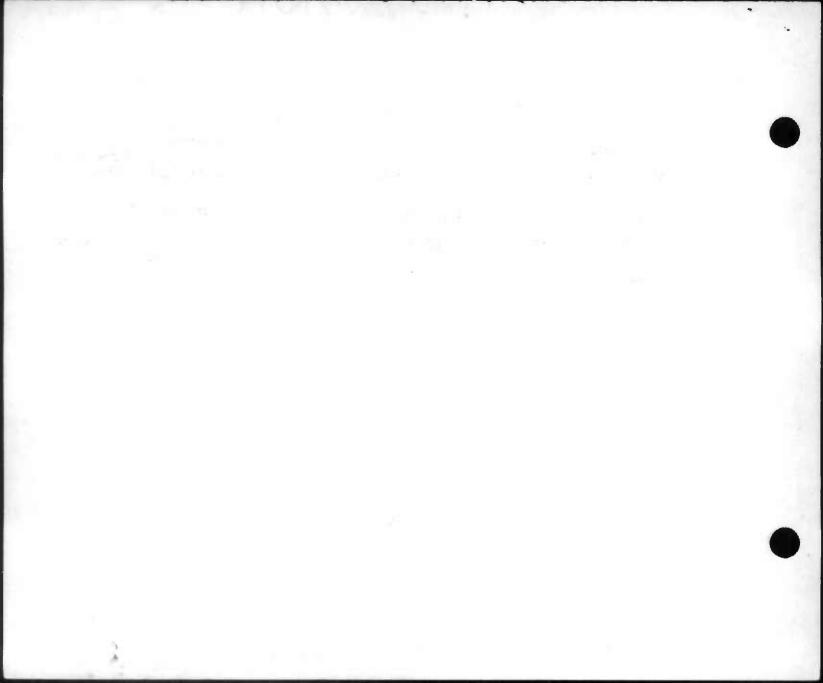
CTATE	OF		DVI	AMD
STATE	: Ur	m a	KIL	ANU

STAIL OF MAKILAND	-
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

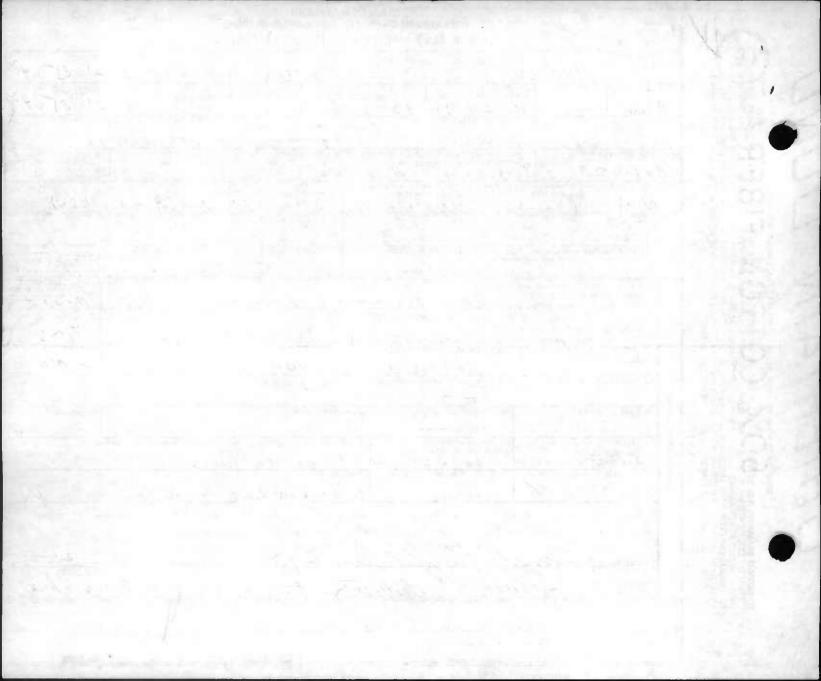
	FOR STATE REGISTRAR	DEF		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.			
	CEASED NAME FIRST	Baret H.	D	udley	20. DATE OF DEATH	2 20	YEAR 1985	26 HOUR 406
12	Female	White	5. DATE OF	BIRTH DAY YEAR 2 1903	6. AGE (IN YEARS LAST BIRTH	YR5		IF UNDER 24 H HOURS M
1	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	WIDOWED		Montgom	ery		
1000	akoma Park	11. NAME OF HOSPITAL, NI LIF NOT IN SUCH FACILITY, GIVE Washington	URSING HOME OF STREET ADDRESS) 1 Advent	ist Hospit	120, USUAL OCCUPATION IN THE PROPERTY OF WORK FOR MOST OF A LANGE FOR THE PROPERTY OF THE PROP	working life! tion A	HUPERN INDUSTRY SSOC.	RESOURS
13s. 3	JALRESIDENCE (IF NURSING FORM) OF STATE Ma	13c. CITY OR	ville	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 3913 Stoco	1/	rive	103
1	Thomas Pa	MIDDLE LAS	lleran	IS MOTHER'S MAIDEN NA FIRST Ella	WIDDLE		Nooi	nan
12	WAS DECEASED EVER IN U.S. AF			Thomas Duc		Dr. B Maryl		ville
z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS	Icnic ROME (H SEQUENCE OF MMC'S	circhosi		ase	IN PART I I C)
1	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED	ZOO AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS USED
TIFICA					YES 📉 NO	YES [NO X
CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH	H DAY YEAR		YES NO NO NEED (ENTER NATURE OF INJURY	YES [
MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES [
MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (I) (this hosp sow the deceosed alive or obove, (I) (we) takabilded in	ATH R) P.M. 21e PLACE OF INJURY (ATHOME STREET, FACTORY C	19 DEFICE FARM ETC) from Feb. 19 \$5, on	211 LOCATION SIREET 12 , 19 2 d that in (my) (our) apinion	RED (ENTER NATURE OF INJURY) (111Y OR TOW	YES [1 IN ITEM 18 PART	1 OR PART 2) COUNTY Solution of the country of th	STATI
MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22c. 1 certify that (1) (this hasp sow the decased alive or obove, (1) (we) (did) (did in 22b. SIGNATURE	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY CO	19 DEFICE FARM ETC) from Feb. 19 \$5, on	211 LOCATION STREET 12 , 19 8 d that in (my) (our) aprinten DEGREE ATTENDING PHYSICIAN	RED (ENTER NATURE OF INJURY) (111Y OR TOW	YES [IN ITEM 18 PART IN ITEM 18 PART IN ITEM 18 PART IN ITEM 18 PART	1 OR PART 2)	STATI
MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (I) (this hosp sow the deceosed alive or obove, (I) (we) takabilded in	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY CO	TOP FED TO THE TOP TO	211 LOCATION STREET 12 , 19 2 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	CITY OR TOWN to Feb. death occurred on the do	YES [IN ITEM 18 PART IN ITEM	county SS Ind from the county 22c DATE 2/2	state that (I) (we) couses state SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by inhald be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol. or



	1/		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 5	561
1] -	STATE MEDICAL EXAMINED'S CEPTIFICATE OF DEATH	
1	E A	1. DE	CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN THE MONTH	DAY YEAR 26 HOUR
- 1	18 8 8 8 F	TTYF	ANDREW EDWARDS DEATH MATED \(\sumset \sumset \)	21 1085 1430
1	A CHIEF OF THE CHI	3 SEX	4 RACE S DATE OF BIRTH 6. AGE IN YEARS S IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH	DAY YEAR 2d HOUR
		1	Mule CAUC 11 29 91 93 YRS. LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD 2	21 185 0430
	IS NECESSARY, E FUNERAL DIR E 5 FOR YOU E), WITHIN 72 PESSTON	√a B	RTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY)	ITY OF DEATH
	S S S S S S S S S S S S S S S S S S S		ew Jersey United States WIDOWED DIVORCED MEN TO SMER	Y MD
	PAGH	10. CI	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUBJURBAN HOSPITAL 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Traffic Manager	Armour & Company
21201	IF ANY DEI AND 3 TO RETAIN SHOULD BE	13a. S	L RESIDENCE (IF IN N IRSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	9899
MD.	- S. B. S.	14. F/	THER'S NAME IS MOTHER'S MAIDEN NAME	VIY
RE, A	EATH NG PM		Freborn Edwards Charlotte Loh	an
IMO	PAGE ORM	16a. V	AS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS - 0	Montrose
BALTIMORE,	S AFTE GIVE ITH R PAGE PAGE		Yes WW I 140 05 3212 Andrew Edwards, Jr.Rd.	Rockville
	0.5.2		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
NO	24 HOU TEM 18 ONG V PERMIT SIENE, I		IMMEDIATE CAUSE (a) CHROTO POLMINARY FAILURG	ACUTE
REST	ENCIL IN ITE MINER ALON MINER ALON TRANSIT PE ENTAL HYGIE OR REMOVA		Conditions, if ony, which	1116
×.	TED WITHIN N PENCIL II XAMINER AL-TRANS MENTAL H		gove rise to immediate cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	was
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	EXAMEL - NE		lying couse last. (c) IN FECTED SECUBITUS	2 mo
DS,	0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	127770
S S	D BE EXECTENDING WEDICAL AS A BU EALTH AN CREMAT	Z	7	
2	SEA A SEA	S	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
MIA	SHOUL ORD "F CHIEF TOF H CRIPE USED	E		YES NO P
PO	TO WEN	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR HOUR A.M. MONTH DAY YEAR	ART 2)
NO	E S S S S	ICAL	CONTRIBUTING CAUSE OF DEATH P.M. 12 20 19 84 FOUND ON FLOOR	
NVIS	REDEP REDEP SOI PR	MED		STATE
	THIS C WARDE WARDE PAGE STATE D 21201		AT WORK AT WORK HOME SO WAGRAW BUS PROSPEST VARIA	C N.V
			22a I certify that I taak charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my o	pinion
	EXAMINER: CERTIFICATI OULD BE FOR UDIRECTOR: (, WITH THE () MARYLAND		deoth resulted from: Natural couses . Accident ., Suicide ., Homicide ., Undetermined manner .,	
	CERT CERT CERT OULD 1		ACTUAL TITLE (SPECIFY) DATE	3 31-6-
	ZES ES ES		SIGNATURE MEDICAL EXAMINER SIGN	ED 2-27
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AGTER DEATH, BATTMORE, M.	-	EXAMINER'S NAME ABOVES (TYPE OR PRINT) _ ADDRESS 8200 WES O NSON AN BE	THES & MIS
Talala	FORFAR	23a.B!	Burial 26,1985 Laurel Grove Cemetery Totowa. New Je	INTY STATE
14 57 84 S	8P			rsey
	DAMH - 17 (VR A15 ME (5))		NAME RODULC A. ADMERUMPHILEY FUHERS	SIGNATURE
	(*** C13 114 (3/)		Homes, P.A., Bethesda, Maryland FFB 25 1995	Broda M.



filled in by the funeral director, page 3 and be filed with a 72 haurs ofter death

1.	STATE REGISTRAR	DEP	CERTIFIC	ATE OF DEAT	AL HTGIENE H			
1 DE	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF	REG. NO. DEATH MONTH DAY	YEAR 26	HOUR
	ORPRINT	ald Wayn		wards	Feb.	13. 1985	7	12
3. SE		14 RACE	5. DATE OF				INDER I YEAR IF U	INDER 14 HRS
	Male	Caucasian	MONTH	DAY YE	AR ZQ	55 YRS. MON	THS DAYS HO	WIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JTRY? 8.	1	9 BALTIMO	RECITY OR COUNTY OF	DEATH	
	MARYLAND	4.5.9	WIDOWED	NEVER MARRI	M L	ontgomery		MD.
	ity or town of DEATH	II NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE HOLY Cros	STREET ADDRESS)		(TYPE OF WORK		126 KIND OF BU INDUSTRY	
13a	STATE NSK CO	OUNTY 13c. CITY OF	E BEFORE ADMISSION)	3d INSIDE CITY LIA YES NO	AITS? 13e.STREET A	DDRESS / ZIP CODE	r. 20	782
14. F	ATHER'S NAME FIRST	MIDDLE LAS	ST	5. MOTHER'S MAIL		WIDDLE	LAST	0.1
140.0	WILLIAM WAS DECEASED EVER IN U.S.		SECURITY NO. 1	7 INFORMANT		ADDRESS	2032	34
		GIVE WAR OR DATES)	4	M. ALLA.	VA EDWAR	15 2-1124	ROMANK	E ST
-		only one cause per line for (a):1	7 / / / /				APPROXIMATE	INTERVAL
	PART I. DEATH WAS CAU	JSED BY:	111211	1	Siho	11/	act weight special	AND DEATH.
	IMMED	PIATE CAUSE (a)	March.	NI ST	00/0	U.F		
		DUE TO, OR AS A CON	SEQUENCE OF	Class	ult			
1	Conditions, if ony, which gave rise to immediate	(b)	AU	111	aucy			
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF	n. 4	· P			
	DART 2 OTHER SIGNIEICAN	T CONDITIONS CONTRIBUTION	C TO DEATH BUT N	di BELATED TO TH	I TEDANIS	de connucion en en	IN PART In	
Z	Man are	140 141	2000	10.	my F	Lowother		
CERTIFICATION	IN DATE OF DIFFRATION	19b. CONDITION FOR W	VHICH OPERATION	WAS PERFORMED	YES S	PSY? 206. IF YES WIN CERTIFYIN	VERE FINDINGS NG CAUSES OF I	USED DEATH?
- 2	7]a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY		TURE OF INJURY IN ITEM 18 PART	-	<u> </u>
	OR CONTRIBUTING CAUSE OF							
MEDICAL	116 EITHER NOTIFY MEDICAL EXAM	INER) P.M. 21e. PLACE OF INJURY	19	II LOCATION				
WE	WHILE D NOT WHILE D	(AT HOME STREET, FACTORY C		STREET		CITY OR FOWN	COUNTY	STATE
	AT WORK AT WORK		7 7	-	85 1	3511	55	
	220.1 certify that (1) (this has saw the deceased alive	ospital) attended the decleased		that in (my) (***)	aninian death accurre	d on the date and hour or		(I) (ye) lost
	above, (fi (we) (did) (did	not view the body ofter death.			opinion deom occurred			(/11)
	22b. SIGN TURE	PFan	DE DE	ATTEN		STAFF PHYSICIAN	14 A	85
-	226 PHYSICIAN'S NAME (TY	PE OR PRINT)	The same of the sa	22e ADDRESS	CIAIN DIRECTOR!		1///	
		P. Fogarty		7676 Net	w Hamp.,	Ave., Lan	gley P	ark,Md
23a.	BURIAL, CREMATION, REMOV	/AL 23b DATE	23c NAME OF CEA	METERY OR CREMA	ATORY 23d LOCA			
I	(SPECIFY). Burial	FEG. 16. 1985	Ft. Lin		CITY	twood, P.	G., Md	STATE
	UNERAL DIRECTOR		arroll :			EGISTRAR 256 REGISTRA	R'S SIGNATURE	
Ta	akoma Funera	1 Home-Washi			FEB 15	1985	resident Rom	dell

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, ar other traumatic event, th THE THE PERSON AND TH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		FOR STATE			DEPART		EALTH AND I	MENTAL HYG					
1		REGISTRAR		· · · · ·			AST		REG. NO. 28 DATE OF DEATH MONTH	DAY	YEAR	N 11011	D
1		EASED NAME OR PRINT)	FIRST		AIDDLE	t.	ASI		Zo DATE OF DEATH MONTH	10	20,-	26. HOU	36
1		E	LINOR	A M	IINNIE		EMBREY		2-	18-	83	4-	D M
ı	3. SEX		1	RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	# UNI	DER I YEAR	HOURS	24 HRS. M.IN.
		EMALE		WHIT	E.	MONTH 7	27	09	75 v	RS.	DAYS	HOURS	MIN,
A	7e. BIR	THPLACE (STATE ORF	DREIGN 1	L CITIZEN OF	WHAT COUNTRY?	8.	D NEVER A	AAPPIED T	9 BALTIMORE CITY OR COL	JNTY OF D	HTAS		
	WAS	HINGTON, D		USA		WIDOWE	DKK DI	VORCED [Montgomer	V			MD.
		Y OR TOWN OF DEA	//	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		Ib. KIND OI IDUSTRY	F BUSINE	SS OR
		akoma Park		Washin	gton Adv	entis	Hospi	tal	Homemaker	ملــــــــــــــــــــــــــــــــــــ	wn h	ome .	
1	130 SI	L RESIDENCE (# NURSI	13b COUN	TY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Washingt	/N	13d. INSIDE C	ITY LIMITS?	138 STREET ADDRESS / ZIP (/	17	815	1
-	14 FA1	THER'S NAME			Washingt	OHEDO		MAIDEN NAM	ME MASS AV	e , N	W	013	
1		Alexander	٨	T.	Stuart		l	Minnie	MIDDLE E .		Mori	risor	1
7		AS DECEASED EVER			16h SOCIAL SECT	JRITY NO.	17 INFORMA	NT	ADDRESS				
	(1)	ES NO OR UNKNOWN) N/A	N A	WAR OR DATES)	578 – 10–1	107 .	oan M.	Wilson	ADDRESS 620 Sho n-Niece-Hyatts	erida . Md.	n St.	783 ^{#4}	19
1		18 CAUSE OF DEATH	LEnter onl	y one couse per	line for (a), (b), or	nd (c). I		· ·		-	BETWEEN	MATE INTER	DEATH
1		PART I. DEATH W		DBY. E CAUSE (o)		IR	Rumo	ne			46	do	41
					R AS A CONSEOU	ENCE OF	6 nn	ilun	D'illass		57	Pal	1
1		Conditions, if ony, gove rise to imm	nediote) (b)—			20100	1 0	yrran	_	2/1	Car.	
		cause (a), stating underlying couse		DUE TO, OF	R AS A CONSEOU	ENCE OF	Sen	l Ver	rentin		37	car	1
	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR CONDITION	J GIVEN IN	PART Tro	3	
7	CERTIFICATION	19a DATE OF OPERAT	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED		JE YES, WE			
	TE								YES NO	YES [NO [
ì		21a. ACCIDENT WAS UND		1100110 4	FINJURY M. MONTH D	AY YEAR	21c. HOW IN	IJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M IS PART 1	OR PART ?)		
	ĕ	(IF EITHER NOTIFY MEDIC		1	M.	19							
	MEDICAL	21d INJURY OCCURR	ED	21e PLACE	OF INJURY	5 A DAA 5 T C	21f LOCATIO		CITY OR TOWN	<	OUNTY	5	TATE
	2	AT WORK AT WOR	CLE .	(AT HOME STA	THE PACTORY OFFICE	FARM EIC J				,			4
	H	22a I certify that (1)	Whis hospit	al) ottended th	e deceased from	3	Tun	, 19	. 10 1 18	. 19_	1	that (1)	e) last
		sow the decease obove (1) (we) (d	d alive on . lid) (did not	view the body	ofter death.	12		(our) opinion (death occurred on the date on				ated
	ш	276. SIGNATURE	1	1	2		DEGREE		T-1200		224 DATE	SIGNED	
		y	//	Le			17/	_	MEDICAL STAFF DIRECTOR PHYSICIAN [14/9	6	-
		226. PHYSICIAN'S NA	MAR (TYPE OF	(II	. /		22e ADDRES	1	11-11	2	0		1
		110	You	leit	ann,	my	1114	Mur	Tombre 10	M	1	M	1
		URIAL, CREMATION,		23b. DATE			EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	co	UNTY	5	TATE

(VRA 15, 4)

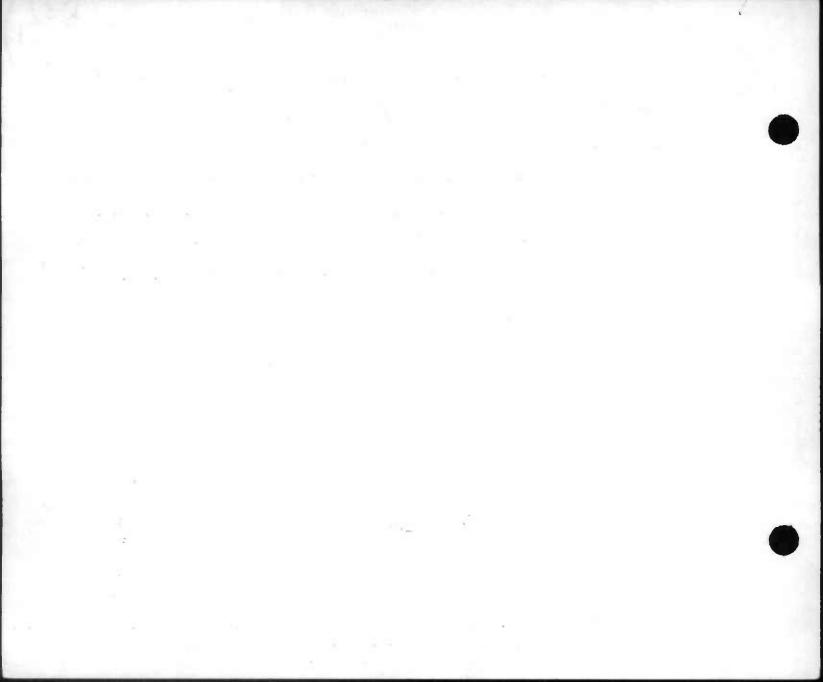
24 FUNERAL DIRECTOR
HineS/Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md.

Feb. 21, 1985 Cedar Hill Cemetery Suitland

Pr. Georges Md.

250 DATE OF DE STATE STA



STATE OF MARYLAND

.U no time •) the Control of Control C. Nonegowers Value winter X. Editte policy care mail notress worken almost Tage 1 - 102-05-0531 Tather . Transch heltherthur. W. 2037 to and it is the second of the .b. . which .ov man is promoted to the little of the state of the stat north) 2/23/15 Souther Art Catalog Stage a Salan and The street of th STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	Ed To
	I. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(TYPE OR PRINT) Miles	Vincent	Engelbach	2	3 85 7:57P _M
1	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
d	Male	Caucasian	5 31 1895	89 YR	MONTHS DATS HOURS MIN
J	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8.	9 BALTIMORE CITY OR COUN	
Ì	Colorado	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	MD.
	Rockville	Potomac Valley		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 126. KIND OF BUSINESS OR INDUSTRY
)	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136. COU Maryland Mon	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 130 CITY OR TOV ntgomery Rockvil	le YES NO [136 STREET ADDRESS / ZIP CO 4 Columbia Co	ope 20850
1	August Lore	nz Engelbac	h Emelie	Magdelena	Spring
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
	(YES NOOR UNKNOWN) (IF YES CH	W I 214 18 9:	Jean E. Roye	r Same as	item 13 a-e
	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	arganne Do	un Tusea.	
7	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
7	OR COLUMNIA COLUMN OF OR			RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)
	GIVEN THE STATE OF	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.	FARM, ETC.) 211 LOCATION STREET	roll 2	COUNTY STATE
		ortal attended the deceased from n 19 of View the body after death.		death accurred on the date and	hour and from the couses stated
	Theul I	Thetoder	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	27 DATE SIGNED 2-5-85
	Pohont The	OR PRINT)		11 70 1100 7	1 111 274
	Robert T. Th			ille Pike #103 Ro	ckville, Ma.
	Cremation REMOVA	2/5/85 236. DAJE 236.	Cedar Hill Crematory		aryland STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remaye carbon papers-with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

²⁴ FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Maryland 20852

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

june way doon yandales

till tool the principle bushess defining the state of the second state of the - C-D BC # COT AT 6 2000 . DED CRES FLIT . In a colling of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE - STATE S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN DO MONTH (TYPE OR PRINT) OF ESTI-Sever 4. RACE . SEX DATE ST BIRTHDAY PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COMINERY WIT DIVORCED WIDOWED KIND OF BUSINESS ED CITY OR TOWN OF DEA 13. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION RESIDENCE BEFORE ADMISSION) L3c. CITY OR TOWN 30 STATE T3d. INSIDE IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME GIVE PAGES 1, 2 /ITH FORM PM 2 PAGES 1 FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NU 1B. GIVI CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. D BALTIMORE, MARYLAND, 21201 PRIQET TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEAD PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the underlying cause lost. PART 2 DTHEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS BERFORMED? 20 AUTOPSY? YES 🗌 7To EXTERNAL 21b TIME OF INJURY 71r. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 211. LOCATION EAGTORY, FARM, ETC. AT WORK NOT WHILE AT WORK 22s. I certify that I took charge of the remains described above, held on Autopsy Inspection. and in my opinion Notural couses Undetermined monner death resulted from Accident Suicide Hamicide TITLE (SPECIFY) ACTUAL SIGNAT MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE COUNTY Oakland. Jurial Hutchinson, 25a. DATE REC'D. BY REGISTRAR koma Funeral Home. 25b REGISTRAR'S SIGNATURE **DHMH - 17** carroll St. N. W. (VR A15 ME (5)) 20M 4/82

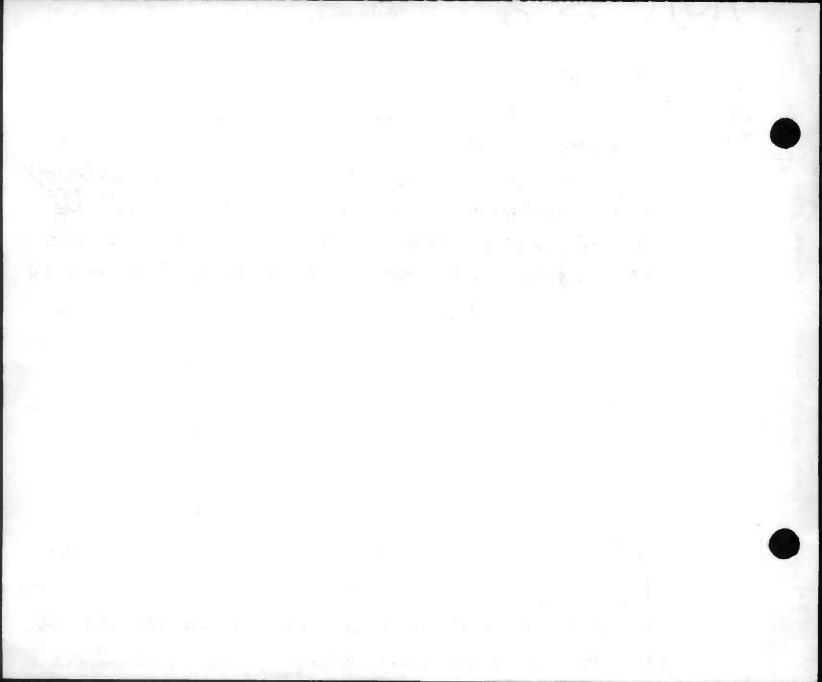
Heretz W. S. T. 2. Wind Helical Theres. the street was a series of the street of the Taras Sainar Treson Kender and Continuent III.

07/84

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STATE OF MARYLAND

0	5	1-	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	GIENE REG. N	0 5	5 5 8
	or the	(TYPE		RRIS	MIDDLE .	E	ERB	20 DATE OF DEATH	2 - 18	YEAR 76. HOUR - 85 8 20 AM UNDER TYEAR IF UNDER 23 HRS
	CADV), SE	MALE	4 RACE	ITE	5. DATE OF	- 05- 1894	6. AGE (IN YEARS LAST BY	YRS	THS DAYS HOURS MIN.
		7a. 81	RTHPLACE (STATE OR FOREIGN PUNTRY) ENNSYLVANIA	76 CITIZEN C	5.17.	MARRIED, WIDOWED		MON S		RY CO. MD.
-	offer of	10. C		(IF NOT IN	OF HOSPITAL, NURSI SUCH FACILITY, GIVE STREE BURBA	T ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPAL (TYPE OF WORK FOR MOST)		126 KIND OF BUSINESS OR INDUSTRY
ND 2120	24 havri	USU	AL RESIDENCE (IF NURSING HOME TATE 136, COI	OR OTHER INSTITUT	ON, GIVE RESIDENCE BEFOR	RE ADMISSION)	34 INSIDE CITY LIMITS?	13e.STREET ADDRESS		20850
MARYLA	mplenely and 2 h	14. FA	THER'S NAME FIRST GEORGE	MIDDLE CLINTO	N ER		5. MOTHER'S MAIDEN NA		_	NORKIS
BALTIMORE,	n and co Pages medical		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, O	RMED FORCES	215-03	URITY NO.	RICHARD S	ADDR SHRAGER	(SAM	
T., BALT	ertificate b g physicial an papers: event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	anly ane cause SED BY. ATE CAUSE (a).	P	IVe	leart Fa	ilure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 W. PRESTON S	that the death cer d by the attending ease remove carba ol, cremation, or re or ather traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO	OR AS A CONSEQU	ocler	otic Hear	Diseas	ое	loyears
DIVISION OF VITAL RECORDS, 20	e low requires has been signed permit. Then pil ne prior to buri	CERTIFICATION	PART 2. OTHER SIGNIFICAN DELUCIVA 190 DATE OF OPERATION	lion a		ren	al 2zote	VINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?
ON OF VIT	PHYSICIAN The ending physicia this certificate is the burial-transit ad Mental Hya	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY	EATH HOUR ER) 21e PLA	E OF INJURY A.M. MONTH [P.M. CE OF INJURY	19	216 HOW INJURY OCCUR			(OUNTY STATE
DIVISIO	TTENDING or of the street of t	ME	WHILE NOT WHILE AT WORK 270 I certify that (I) (the box saw the deceased alive above, III (III) (did) (did)	entel) attended	2/19	7/	that in (my) (our) apinion	, ta 3	12/ 19	25_, that (I) (we) last
	0 " 0 " 0 " .		228 PHYSICIAN'S NAME ITY	Alle		M.	ATTENDING PHYSICIAN 1	MEDICAL ST.		2/18/85
	TO HOSPITAL (retained by the TO FUNERAL E should be detoined by the State E IMPORTANT: If		Robert C.	Vac.	on	NAME OF C	809 Viers	YII Rd.	Rockin	le Md. 20851
	BP		SURIAL, CREMATION, REMOVA SPECIFY CREMATION UNERAL DIRECTOR	236. DATE	9-1985 C	HAML	BERS CREM	23d. LOCATION SITY OF TOWN TE REC'D. BY REGISTRA	2DALE	PGC. Md.
	DHMH - 16 50M 4/83 (VRA 15, 4)	N	W. CHAMBI	ers a	JNC. S	LVER		10 1 3005	Lina Dairi	. 5



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FUNERAL DIRECTOR: After this certificate has been

mit. Then please remave priar ta buriol, crematian

prior

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marked or Item

If Item 21

IMPORTANT:

CERTIFICATION

MEDICAL

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.				
	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
	February 17,	1985	5:15 1		
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS		
R	25	MONTHS DAYS	HOURS MIN.		

OECE ASED NAME AGUEDA	4	MIDDLE	1.	AST		20 DATE OF DE	HTA MONTH	DAY Y	YE AR	26 HOUR	3
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A			Escoto		Februa	my 17	198	35	5:15	- /
SEX C	4 RACE		5. DATE O			6. AGE (IN YEAR!	LAST BIRTHDAY!	IF UNDER	12711	IF UNDER 2	
FEMALE	CAUCAS	IAN	JAN	14,1950	YEAR	35	YR	MONTHS	DAYS	HOURS	MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MAR	DDIED [9 BALTIMORE	CITY OR COUN	NTY OF DEA	TH		
NICARAGUA	NICAR	AGUA	WIDOWE			Mon	tyone	ny			ME
Silver Spring	(IF NOT IN SUE	HOSPITAL, NURSING	DDRESS)	1	NOITI	120 USUAL OC (TYPE OF WORK FO BANK	CUPATION	12b K		AN B	SS OR
SUAL RESIDENCE (IF NY SING HOME OF 130. STATE 137 COUL MARY LAND PRI.	ROTHER INSTITUTION NTY GEORGES	GIVE RESIDENCE BEFORE A 136. CITY OR TOWN HYATTSVIL	4	13d INSIDE CITY	LIMITS?	13e.STREET ADD	TESS ZIP CO	VENUE	20	783	
4 FATHER'S NAME FIRST	WIDDLE	PALACIO		15 MOTHER'S M	MAIRA		NDDLE		LAST		
60 WAS DECEASED EVER IN U.S. AF	MED FORCES? VE WAR OR DATES)	577-70-		17 INFORMANT PERCIO		SCOTO	SAME A	S 13	ни	SBAN	ID
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	a cute su	spin	along d	liste	is kyn	drome		APPROXIM TWEEN ON	ATE INTERV	DEATH

Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse

O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER

206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF

21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART | OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M

21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM, ETC 1 STREET

22a.1 certify that (1) (this haspital) attended the deceased from

sow the deceased ofive on John Tolling obove, (I) (we) (did) (did not view the body offer death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED

ATTENDING MEDICAL STAFF 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL GATE OF HEAVEN

23d LOCATION SILVER SPRING

MONT

YES |

STAMD.

NOT WHILE

FOR

STATE

REGISTRAR

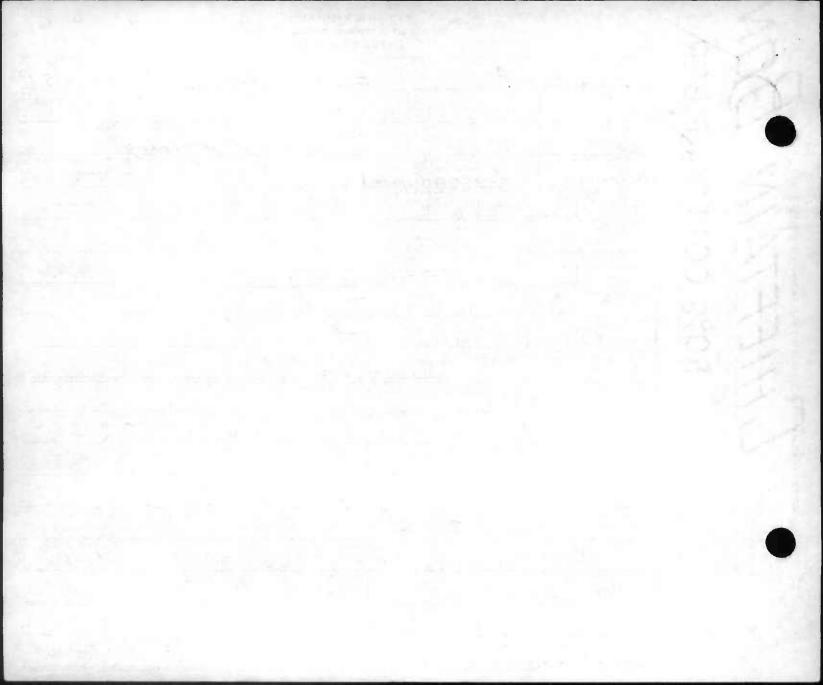
REGISTRAR DE REGISTRAR'S SIGNATURE 500 NATIV. BLVD. W., SILVER SPRING, MARYLAND 20901

BP.

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DHMH - 16 60M 7/84 (VRA 15, 4)

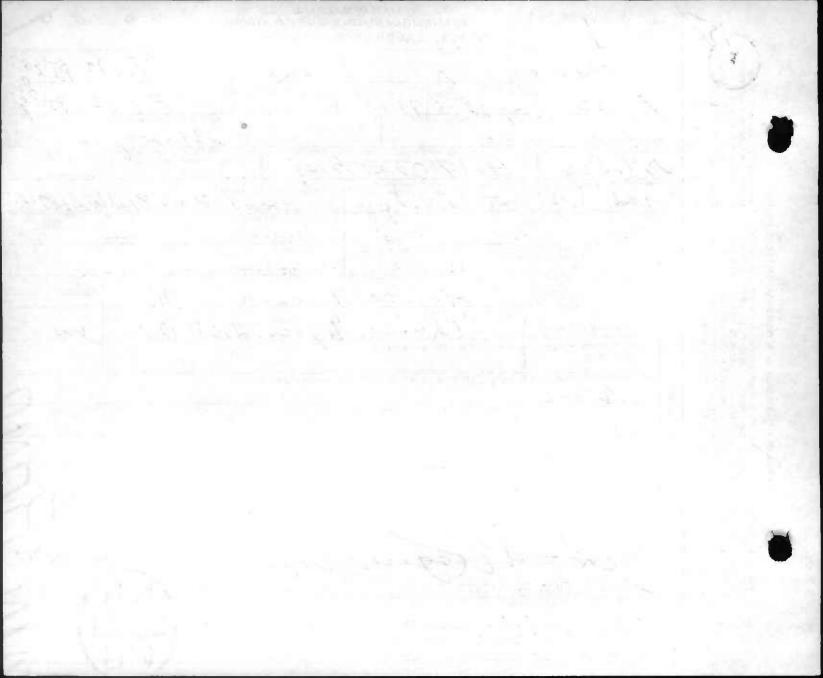
should be detoch with the State De



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

20M 4/82



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled written 72 hours awith the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather troumatic event, th

MPORTANT: If them 21 is marked or Item 18 shows any

natified at once

_		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

O	5	13	1	
			,	

'	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
	CEASED NAME	FIR51	MIOGL	E	L	AST	28 DATE OF DE	EATH MON	TH OAY	YEAR	2h HOUF	R
	E OR PRINT)	Audrey	C	•	Fe	nton	I	Feb.	22	1985	3:00	AM
3. SE	Х		4. RACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY		JNOER I YEAR	IF UNDER 2	
	Femal	e	White		Ec6	and an an an an	76	0	YRS MON	THS DAYS	HOURS	MIN.
	IRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR CO	-	DEATH		
	Wash.,	D.C.	US	A	WIDOWE			Mc	ntgon	nerv		MD.
	ITY OR TOWN OF	DEATH	11. NAME OF HOSE	PITAL, NURSING	G HOME C	OR OTHER INSTITUTION	128 USUAL OC	CUPATION		126 KIND O	F BUSINE	
	lver Spr			ross Ho	spita	1	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife own home					
USU 13a	AL RESIDENCE (#	NURSING HOME OF	OTHER INSTITUTION GIVE	CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADD	DDESS / 716	CODE	(2)	361	11
Ma	ryland		1	lver Sp		YES NO	9039 S			Pkwv.		1
14. F	ATHER'S NAME			-		15 MOTHER'S MAIDEN NA	ME					
	Theod		WIDGE	Schulz		Edith		MIDDLE	Dr	avenpo	225	
16s. \	WAS DECEASED E			SOCIAL SECUR	RITY NO.	17 INFORMANT	1/4	805°EMa				
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR QATES)								_			
-	N/A					Paul T. Fento	511-5011	211.	Spr.	Md. 2		
	PART I. DE AT	EATH (Enter or H WAS CAUSE	lly one couse per line: D BY:	for (a), (b), and	ter)					BETWEEN	MATE INTERV	DEATH
		IMMEDIA	TE CAUSE (a)	neumo	nia					50	· Kay	
			DUE TO, OR AS	A CONSEQUE	NCE OF							
		Conditions, if ony, which (b)										
	couse (o), s	, storing the DUE TO OR AS A CONSEQUENCE OF										
	underlying co	ouse last	((c)									
_	PART 2 OTHER	SIGNIFICANT	ONDITIONS CONTR	IBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	RCONDITIO	ON GIVEN	IN PART In		
ō	Conges	tive	heart for	lure								
CERTIFICATION	19a DATE OF OP	ERATION	196 CONDITION	FOR WHICH C	DPERATIO	RATION WAS PERFORMED 200 AUTOPSY?			206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			LIO.
T.							YES N	OM	YES [NO [
CER	21a. ACCIDENT WA		110110 1 11		u urin	21¢ HOW INJURY OCCURR	RED (ENTER NATURE	E OF INJURY IN I	TEM IS PART I	OR PART 2)		
AL	OR CONTRIBUTING			MONIH DA	Y YEAR							
MEDICAL	214 INJURY OCC		21e PLACE OF IN	JJURY	17	211 LOCATION						
ME		T WHILE	(AT HOME STREET F	ACTORY, OFFICE FAI	RM ETC)	STREET	(ITY OR TOWN		COUNTY	51	ATE
	22s I certify tho	t (I) (thir hospi	ottended the dec	eosed from	April	30 19 84	_ 10 Fed	5 2 2	19	85	that (I)	last
	sow the dec	eased alive on	176 21	19_ £	on on	d that in (my) (euc) opinion o	death occurred o	n the date a	nd hour on	d from the	causes stat	ted
	27h SKINATURE	// 1	1 / view the body differ	geuin.	[DEGREE				22c DATE	SIGNED	_
	Miche	elA.	Lucol	me	_	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		2/2	2/85	1
	224 PHYSICIAN	6				22e ADDRESS	. n	0	225	2 1		14.1
	Michae		LINCOLN	, M. D	(22e ADDRESS 10313 G-COS	is the.	Svite	3087	ilvers	J. Z.	2702
73a F	BURIAL CREMATIC	ON REMOVAL	1235 DATE	23. NI	AME OF CI	EMETERY OR CREMATORY	224 LOCATIO	ONL				

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etained by the hospital ar

DHMH - 16 50M 4/83 (VRA 15, 4) Cremation Feb. 23, 24 FUNERAL DIRECTOR
Hines / Rinaldi Funeral Home

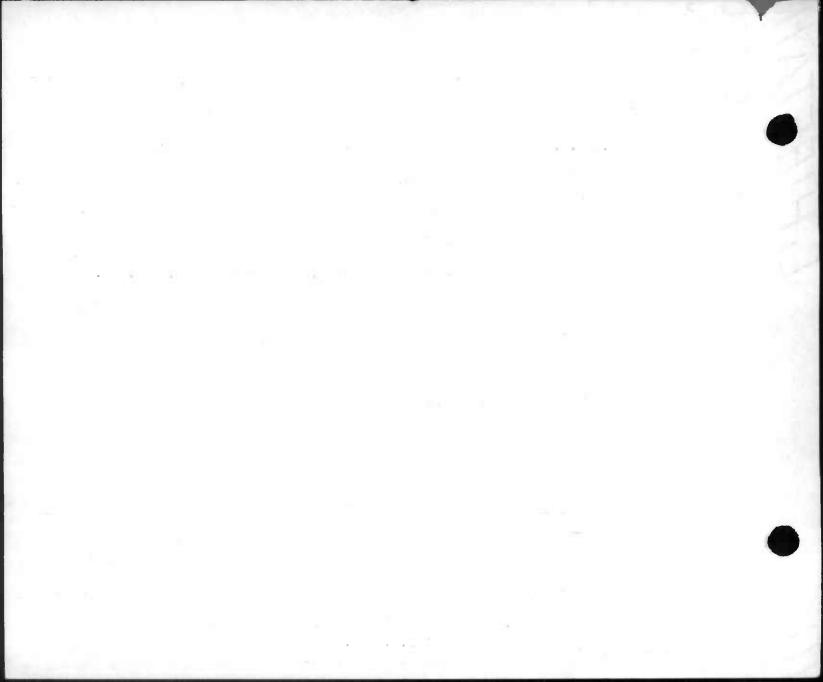
Feb. 23, 1985 Lee's Crematory

y Washington, DC

156 DATE REC'D. BY REGISTRA ... LA-REGISTRAR'S SIGNATUR

STATE

Silver Spring, Md. FEB 2 2 1981



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1	0

FOR - STATE REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH	REG. NO.				
LAST	24 DATE OF DEATH MONTH	DAY	YEAR	2h HOU	R
Findley	2-	1-	85	12:3	Tok
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RTYEAR	IF UNDER	24 HRS
Dec. 3, 1935	49	MONTHS	DAYS	HOURS	MINL

4. RACE

Female White

7b. CITIZEN OF WHAT COUNTRY?

U.S.A.

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for the

S.

MARRIED NEVER MARRIED WIDOWED

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery County.

(TYPE OF WORK FOR MOST OF WORKING LIFE)
Bookkeeper

INDUSTRY Sacks Mens Wear

Washington, D.C. CITY OR TOWN OF DEATH U.S.A.

BIRTHPLACE (STATE OR FOREIGN

Washington Adventist Hosp. ISUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Bowie

13d. INSIDE CITY LIMITS?

Rose

13. STREET ADDRESS / ZIP CODE 12407 Shawmont Lane (20715) 15. MOTHER'S MAIDEN NAME

Sacks

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Samuel

Maryland

13a STATE

Sacks

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17 INFORMANT

Kaplan

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Robert Findley; 12407 Shawmont Lane; Bowie, Md.

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Its 19a DATE OF OPERATION

716 TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

714. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

ATTENDING

206 IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES T

22c DATE SIGNED

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

21f. LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

NO

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE the hospital) attended the deceased from

LEWIS DENNIS. M.D.

STREET

CITY OF TOWN COUNTY STATE or) opinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

and that in imy

DEGREE

831 University Blvd. East.; Silver Spring,

STAFF

230. BURIAL, CREMATION, REMOVAL Burial

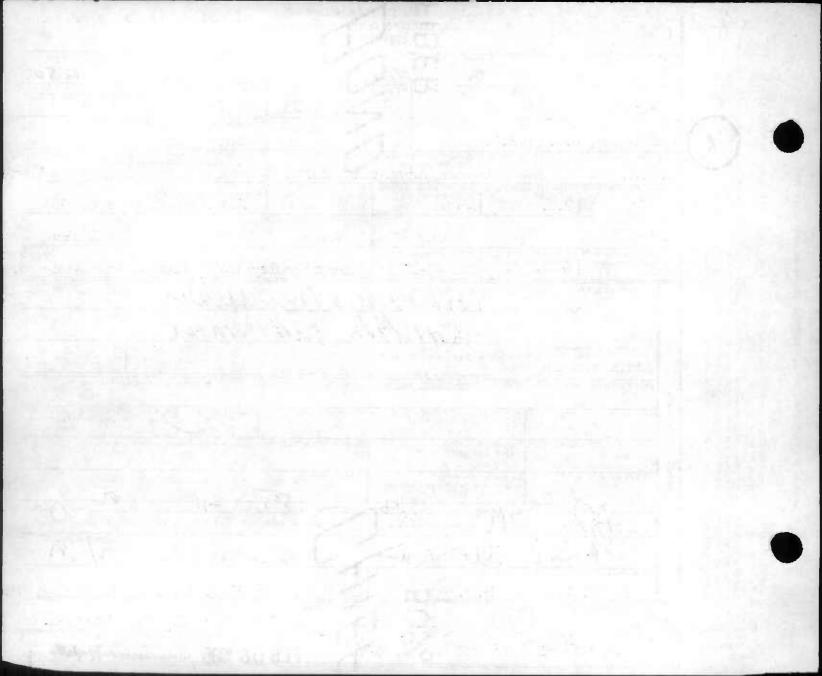
22b. SAGNIATAN

King David Memorial Gdn.; Falls Church; Fairfax; Va.

MPORTANI

2/4/85 ²⁴ FUNERAL DIRECTOR DANZANSKY GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville 15 Md. 20852

DHMH - 16 50M 4/83 (VRA 15, 4)



154		1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE S C	5573
3	10 A		OR PRINT) Meyer	MIDDLE	Fingerman	20. DATE OF DEATH MONTH	- 26-85 10:00
ge 4 mo	(A A	3. SE		White	S DATEOF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS A
On the		7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgor	
201 rs ofter	by the filed with	Si	Iver Spring	(IF NOT IN SUCH FACILITY, GIVE STREET	ing home or other institution it address)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Owner	12b. KIND OF BUSINESS
AND 21:	hauld be	Mo	AL RESIDENCE (IF NURSING HOME COUNTATE 188 COU	or other institution give residence before into the control of the state of the control of the state of the control of the con	ring YESXX NO	2316 Peggy La	me; 20910
MARYL MARYL	ompletely ond 2 s	A	oraham	Finger		WIDDLE	Share
TIMORE, be execu	s. Poges		VAS DECEASED EVER IN U.S. A TES, NO OR UNKNOWN) (IF YES, O ES	RMED FORCES? 166 SOCIAL SEC WII 273-10-	D 1 D:	erman;2316 Pegg	Maryland 2093 gy Lane; Silver S
ST., BAL	physicic anpoper emoval.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), a SED BY: ATE CAUSE (a)	reome - ABDO	MINAL CAVI	SPETWEEN ONSET AND DEA
STON S	ittending ive corbo		Conditions, if ony, which	DUE TO, OR AS A CONSEO	JENCE OF		/ 0
1 W. PRI	by the cose remoth, cremoth		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO	JENCE OF		
ORDS, 20	Then ple Then ple r to burio	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	N GIVEN IN PART 1 0
AL RECO	hos been to permit.		12-83	196 CONDITION FOR WHICE LIQUES A Reen	HOPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
OF VIT.	entificial resulting resulting	CAL CER	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART OR PART 2)

21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 220 1 certify that (1) (thre-hospital) attended the deceased from the deceased alive on and that in (my) (ppinion death accurred on the date and hour and from the causes stated he body ofter death DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial King David Memorial Gon; Fall's Church; Fairfax; Va. 2/27/85 24 FUNERAL DIRECTOR DAN ZANKSY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

2b. HOUR 10:00 AM F UNDER 24 HRS HOURS

IND OF BUSINESS OR

Liquor Store

Share Maryland 20910 Lane; Silver Spg.

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the back with the State Dept. of Health and M

TO FUNERAL DIRECTOR: After this

etoined by the hospital

BP.

OR ATTENDING PHY

morked or

IMPORTANT: If Item 21 is

BLE STATE STAIN SING ASU LEGIO The state of the s PATER AND THE PARTY OF THE PARTY.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and certainty liked in asymmetric should be detached for use as the burnitation of persons remove corbon papers. Pages and 2 through the like with the State Dept. of Health and Mental Higher papers to burnol, cremation, or removal.

IMPORTANT: If Item 21 is morked or them 18 those pay injury, or other troumotic event, the medical

STATE OF MAKTLAND									
	DEPARTMENT OF HEALTH AND MENTAL HYGIEN								
	CERTIFICATE OF DEATH								

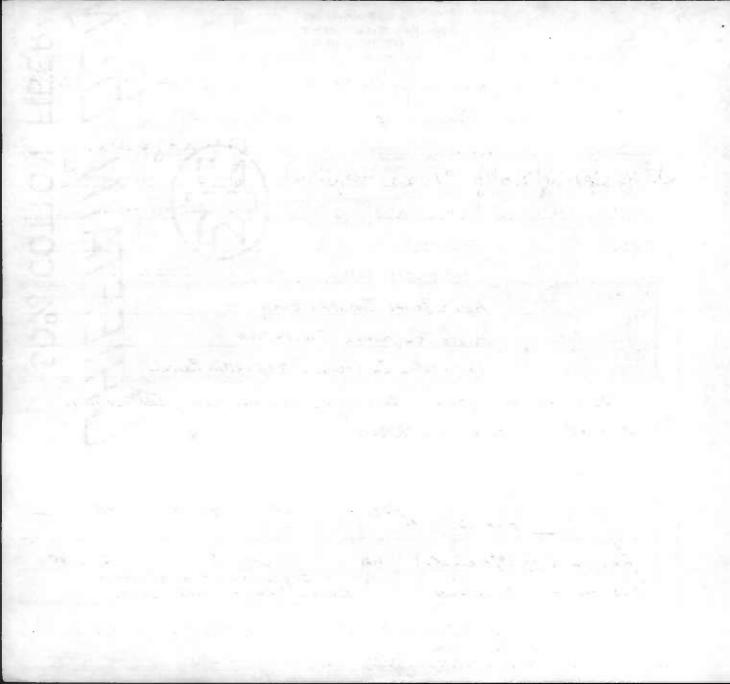
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	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	I DE	CEASED NAME FIRST		MIOOLE		LAST .	T	20 DATE OF DEATH		DAY YEAR	2b HOUR
	TYPE	OR PRINT)		1	n				0	1 05	, UIn
	_	Elsee	-	0	10 Horell						1017 HM
	1 SE	× -	4 RACE		5 DATE C	OF BIRTH	16	AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HRS
-		Fomalo	V	hito	10	P	23	6	/ vas	O. G.	HOURS MIN
6	7a. 81	RTHPLACE INTAIN DEPON ON	TE CITIZEN OF	WHAT COUNTRY?	18	W-	C 9	BALTIMORE CITY	OR COUNTY	OF DEATH	
		(OUNTRY)	44	- 1		DEVER MARRI	IED 🗀	ma-	1		
9	POY	insylvania	Ц.	S.A.	WIDOW			11 wn	700	mer	MD.
0	10.3	TY OF TOWN OF DEATH		CHRACITY ON STREET		OR OTHER INSTITUTE		To USUAL OCCUPAT			F BUSINESS OR
0	1	wes sound	Hole	& CHO	10	HORDLHO	4 17	Rindonu-Dr	intina		-0.6
1	USU	AL RESIDENCE (IN OUR NO HOME AS	OTHER PALLSTON	DV4 NESODACE RECORD		7	-	univery-ra		Operat	<u>OA</u>
0	11/2/20	TATE THE COUN		THE CITY OF TOW		THE INSIDE CITY LIV		Je STREET ADDRESS	/ ZIP CODE		
6			отели	Silver S	oring	YES NO			cter S	treet	20901
0	IA FA	THER'S NAME	NDOLE .	1447	-	15. MOTHER'S MAIL	DENNAME	MIDDLE		LAST	
ě)		Pascual	1.4.111	Fantauzza		Luca	,	MIDDLE			
	16e. V	VAS DECEASED EVER IN U.S. AR	AED FORCES?	THE SOCIAL SECU	tel	17 INFORMANT	-	ADDR	ESS	Dapril	<u></u>
1	- 2		MAY DE DYLLE!	ALES MERCESAN				sband	ame as	13	
		0		194-12-1	8426	Albert G.	Fior	rill	wire us		
		18 CAUSE OF DEATH (Enter onl	y one couse pe	er line for (a), (b) and	d (c)					BETWEEN	MATE INTERVAL
	479	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adure Renal Insufficiency									
		IMMEDIAI									
			DUE TO, C	DR AS A CONSEQUE	NCE OF	EAL TARI	TAT	(sh)		1	
		Conditions, if any, which gove rise to immediate	(b)	104TE TEL	21/01	EAT THE	1770	070			
		couse (a), stating the	DUE TO C	DRAS A CONSEQUE	NCE OF	11,		779		100	
		underlying cause last.	1 10/	YIET ASTAT	IC CA	. Uterus Z	PERF	EXENTION BE	WeL		
		PART 2 OTHER SIGNIFICANT C								N IN PART 110	
_	Z			-					-	ncemi	
9	CERTIFICATION										
1	Š						,	ZUG AUTOPSY?	IN CERTIFY	, WERE FINDIN	OF DEATH?
1	F	2-10-85	TU	restinal Obstruction				YES NOW	YES		NO 🗆
7	E E	210 ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT I OR PART 2)	
T		OR CONTRIBUTING CAUSE OF DEA									
	5	(IF EITHER NOTIFY MEDICAL EXAMINER)		.M.	19	211 LOCATION					
	MEDICAL			OF INJURY	ARM ETC)	211 LOCATION STREET		CITY OR I	NWC	COUNTY	STATE
		AT WORK AT WORK									
		22a I certify that (I) (this hospit	al) attended ti	he deceased fram_	Feb	19.	85	to 100	//	9 85	hat III (wet ast
	- 1-				3 . 01	nd that in (my) (aur)	opinion de	oth accurred on the c	late and hour	and from the c	auses stated
-		above, (I) (we) (did) (did not 22b. SIGNATURE	view the bady	y ofter death.		DEGREE				27c DATE S	
-1		THE SIGNATURE	1 24			4777	DING	MEDICAL STA	EE		
		persond /	a ogo	rend	m	PHYSIC	CIAN L	DIRECTOR PHYSI	CIAN	2-11	-85
-		224 PHYSICIAN'S NAME (TYPE OF	PRINT)			22e ADDRESS 5	7 UN	IVERSITY B	LVD. E	7957	
		BERNARD A. 7	TTICE	RALD		SILVER					
_	22 -				1446 65 5				40	9(
	230 E	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	23c. N	AME OF C	EMETERY OR CREMA	ATORY	23d LOCATION		COUNTY	STATE
		rial	Feb. 1.	4.1985 Ga	te of	Heaven		Silver Sp	rina M	ontgome	ry Md.
				Collins	-		25a. DATE	REC'D. BY REGISTRAF			
	r /				Cink is	. 11.1	FEB	1 9 1085	L H. Da	vidson Ro	ndelle
	-56	10 University Bl	va. W.	Suver.	Sprun	y. Mu.	2 2m W	1000	·V	- 1-40001 . 4	

DHMH - 16 60M 7/84 (VRA 15, 4)



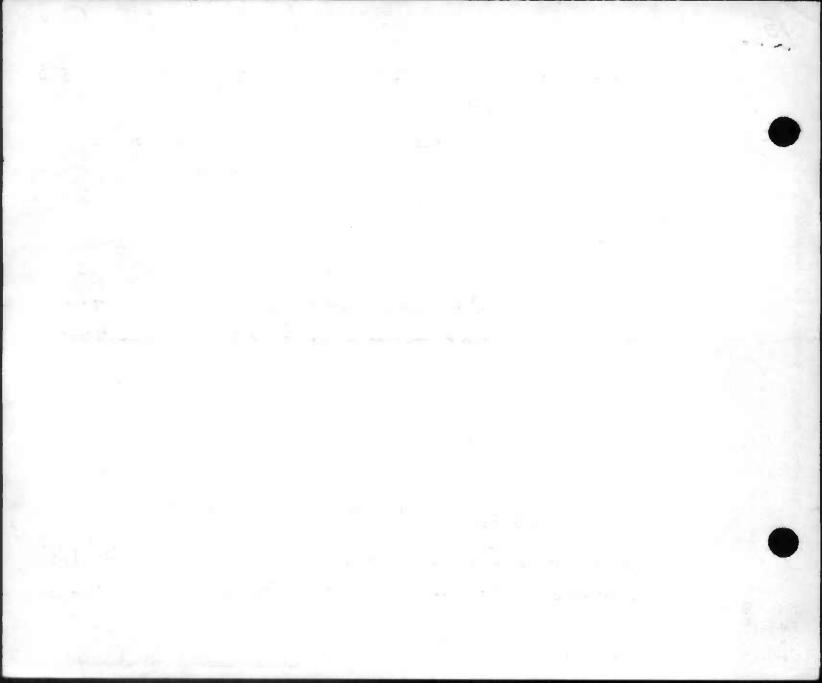
(VRA 15, 4)

15 19	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE S	REG. N	NO.
-	I. DECEASED NAME	FIRST MIDDLE	LAST	2a. DATE (OF DEATH	MONTH

1	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
	DECEASED NAME FIRST TYPE OR PRINT) Robert	
i Lith	Male	Caucasian 5. Date of birth Jan. 16, 1916 6. AGE (INVIARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN. 6. AGE (INVIARS LAST BIRTHDAY) WONTHS DAYS HOURS MIN.
A SE SE M	BIRTHPLACE (STATE OR FOREIGN ashington, DC	United States Married Montgomery County of Death Montgomery County MD.
of the state of	Bethesda	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUBURDAN HOSPITAL 120 USUAL OCCUPATION INTEGRACIALLY, OPESIREE ADDRESS) SUBURDAN HOSPITAL 121 USUAL OCCUPATION INTEGRACIALLY, OPESIREE ADDRESS) SUBURDAN HOSPITAL 122 USUAL OCCUPATION INDUSTRY US GOVERNMENT
2 1 1 1 M	aryland Mont	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ITY 134, CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 1108 Clagett Drive/20851
ond 2	Michael	Flavin S. MOTHER'S MAIDEN NAME Bridget Grady Bridget Grady
Poges	WAS DECEASED EVER IN U.S. AR NOS. NO OR UNKNOWN) (IF YES, GIV	579-09-3562 Frances N. Flavin, same as #13
urtificate by physicio on popers. emoval.	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH COLUMN COL
that the death ce by the attending ease remaye carb of cremation, or r r other troumatic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) CONCONDON CO of fund DUE TO, OR AS A CONSEQUENCE OF (c)
en signe Then pl		ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The low re- ion. e hos been gene prior gene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO.
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR P.M. 19
NG PHY: offer this os the but thought orked or	AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN COUNTY STATE
ATTENDI ospitol or ECTOR: A d for use t. of Heal m 21 is m	sow the deceased alive on above, (1) (we) (did) (did no	f) view the body ofter death.
ITAL OR AIDY the hosp by the hosp RAL DIREC: detoched fortone Dept. or NT: If them:	226 SIGNATURE	DEGREE ATTENDING AMEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D 1276. DATE SIGNED 2 1 1 25 RERINI)
TO HOSPITAL (retained by the TO FUNERAL E should be detain with the State IMPORTANT: If	Joseph (14)	V Cooke 10000 Com. Que Kensington
BP	BURIAL, CREMATION, REMOVAL	73h DATE Feb. Gate of Heaven Cem/ Silver Spring, Maryland
DHMH - 16 50M 4/83	Homes P.A. R	t A. Pumphrey Funeral Cockville, Maryland 20814 FEB 5 TOTAL PROPERTY OF THE

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5 /



SILVER SPRING

W. CHAMBERS CO. INC.

(VRA 15, 4)

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

COUNTY

17c DATE SIGNED

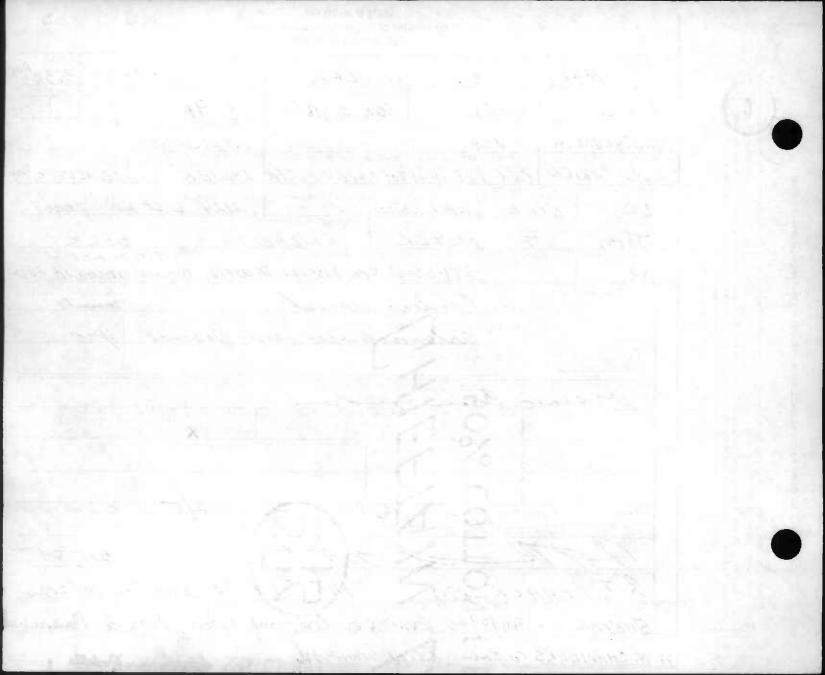
LEGAL DEPE

IF UNGER 24 HRS

IF UNDER I YEAR

INDUSTRY

OM



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.) should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours of the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

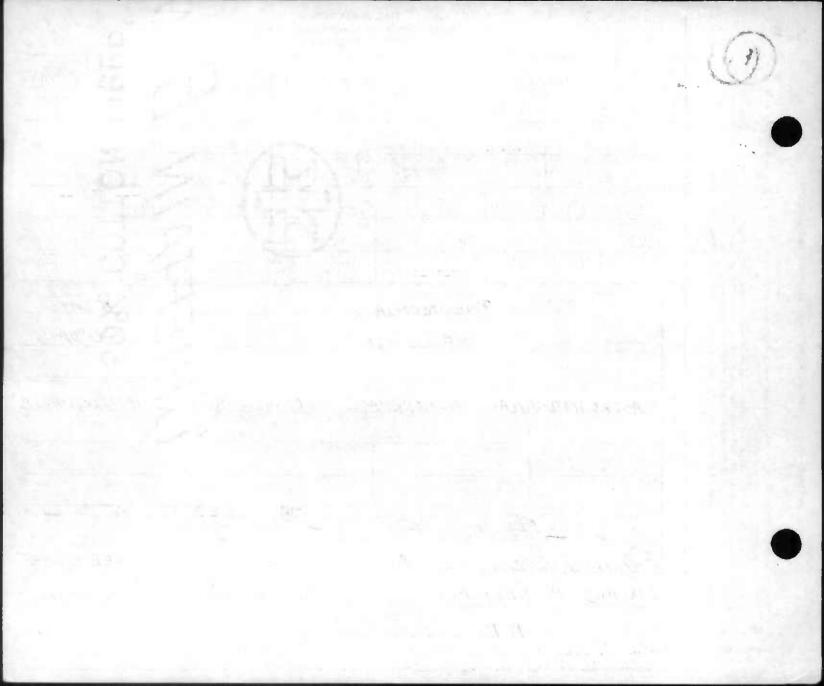
	- STATE REGISTRA	2		DEI ANT	CERTIF	CATE OF DEATH	REG. 1	10.	12.	
1	1. DECEASED NA		Brank	ABRAHAN	1き	anke	20 DATE OF DEATH	02-1	3-85	7:30/A M
	3. SEX MAL	LE	4 RACE WHI	TE	5. DATE O		6 AGE (IN YEARS LAST B	YRS "	IF UNDER I YEAR	HOURS MIN
FI	WASHIN		DC U.S	* * * * * * * * * * * * * * * * * * * *	WIDOWE	V-V	9 BALTIMORE CITY Monta	omel	ru	MD.
28	Silver	Sprin	(IF NOT	HOLV CV	OSS	HOSpital	120 USUAL OCCUPA (TYPE OF WORK FOR MOST PLATE MAI	OF WORKING LIFE	E) INDUSTRY PRIN	
49	MARY LA	ND 131	MONTGOME	RY ROCKVII	NN	134 INSIDE CITY LIMITS?			208 ALLEY R	
51	JOSEPH		WIDDLE	FRANK		15. MOTHER'S MAIDEN NA HANNAH	WIDDIE	DECCO - 1	LEHM	AN
1	160 WAS DECEAS		U.S. ARMED FORC IF YES, GIVE WAR OR DAI	Unc pacified this y				SILVE	ER SPRI	STREET NG MARY IMATE INTERVAL ONSET AND DEATH
	Condition gove rise couse (c underlying	s, if any, we to immed	hich iote the lost DUE T	O, OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONTRIBUTING TO THE ORIGINAL HEM	PREUMONIA DRAS A CONSEQUENCE OF INFLUENZA DRAS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HEMORRHAGE NORM DITTION FOR WHICH OPERATION WAS PERFORMED			INPE	HYDRO WERE FINDIN	CEPHALUS NGS USED
49	OR CONTRIB	NT WAS UNDERI UTING CAU NOTIFY MEDICAL Y OCCURRED	SE OF DEATH HOLE EXAMINER)	ME OF INJURY IR A.M. MONTH I P.M. ACE OF INJURY ME, STREET, FACTORY, OFFICE	DAY YEAR 19	214 HOW INJURY OCCUI	YES NOTER NATURE OF IN	YE JURY IN ITEM 18 P	YING CAUSES S COUNTY	NO STATE
	22a. (certif		is hospital) attendablive an Fig.	ed the deceosed from 3 12 19 body ofter deoth.	85,01	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 853	MEDICAL ST DIRECTOR PHYS	AFF DICIAN (SIGNED
	230 BURIAL, CRE	MATION, RE	MOVAL 236. DA	TE OF		TOMY PARMUDRY ATION CEMETER		INGTON,	COUNTY	D. C.

DHMH - 16 60M 7/B4 (VRA 15, 4)

retained by the hospital or attending physicial

BP.

DONALDE M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. IOAA



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		and years
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STATE OF MARYLAND

1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENE REG. NO	0.			
	ECEASED NAME FIRST	MIDDL		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR		
	JEANE'			dman	AGE (IN YEARS LAST BIR	2 - 1985.	IF UNDER 22 HPS		
3 SE	male	White	5. DATE C	H DAY YEAR		MONTHS DAYS	HOURS MIN.		
-	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	Sept	29,1922	9 BALTIMORE CITY OR COUNTY OF DEATH				
	country) ashington,D.C.		MARRIE	NEVER MARRIED					
-	ISTITUBLOIT, D.C.	U.S.A	PITAL NURSING HOME O		Montgomery County, MD 1126 USUAL OCCUPATION 1126 KIND OF BUSINESS OR				
Si	llver Spring	12815 Blu	et Lane	NO THE WINDS HOUSE	Homemaker Home				
130	STATE 136 CC	DUNTY 13c	residence before admissions city or town ilver Spring	13d. INSIDE CITY LIMITS? YES XX NO []	13e STREET ADDRESS A	zip code et Lane (209	06)		
14 F	ATHER'S NAME	MIDDLE	LASI _	15 MOTHER'S MAIDEN NAM	ME	LA	(ST		
	Joseph		Inoff	Helen		Roser			
	WAS DECEASED EVER IN U.S. (YES NOOR UNKNOWN) (IF YES	CIVE WAR OR DATEST	SOCIAL SECURITY NO	17 INFORMANT		yland 20906			
	YES NOOR UNKNOWN) (IF YES	5	77-26-0304	Eddie Freedma	n;12815 Blu		ver Sprin		
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last) (b) C	A CONSEQUENCE OF	of the B	reast	- Deve	rdylan		
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDI IN CERTIFYING CAUSE: YES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART OR PART 2)	-0.33		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF II	NJURY FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE		
	220.1 certify that (1) (this hospital) attended the deceased from 2 Max 2 19.85, that (I) (we) last saw the deceased alive an 2 19.85, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the bady after death.								
	CAGNATURA C	ector m		*	MEDICAL STAI	FF 71	way 3 1985		
	IS TOLLS	PETOR	MD	12001 terrar	a Ave h	Theaton M	d 20906		

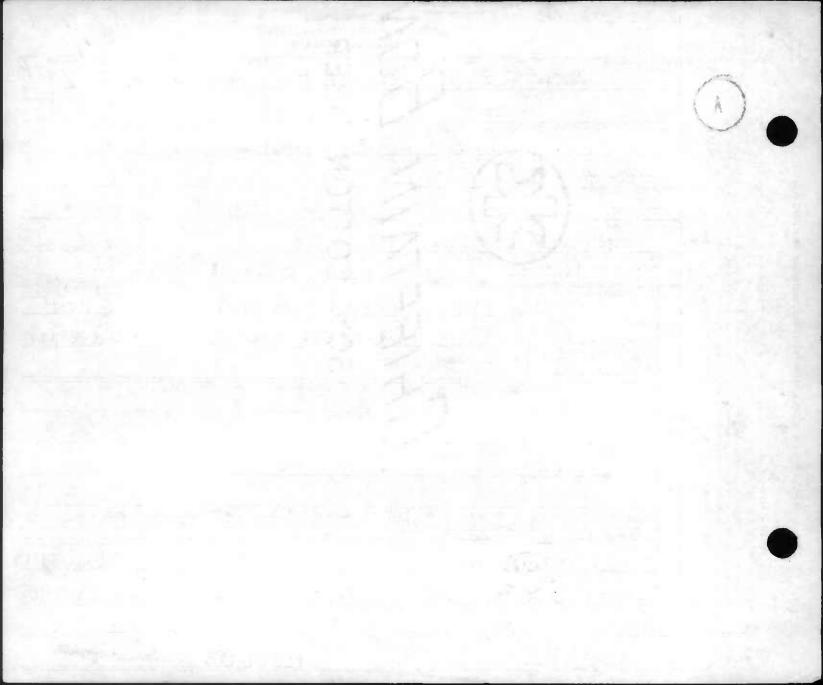
DHMH - 16 60M 7/84 (VRA 15, 4)

Burial, CREMATION, REMOVAL 236. DATE Burial 2/4/

Burial 2/4/85 King David Mem. Garden Falls Church; Fairfax; Va.

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG, MEMORIAL CHAPELS

1170 Rockville Pike; Rockville, Md. 20852 FEB 06 1985 Guid David David Mem. Garden Falls Church; Fairfax; Va.



		GM TO THE			STAT	OF MARYLAND	A red Negati	AND THE PROPERTY OF THE PARTY O		
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
100		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.	557	19
		CEASED NAME FIRSTE	therine "	erine E. Furlor			20. DATE OF D	EATH MONTH		HOUR
is ofter deon	1	Cather		E.	Ŧ	- Furlong - URLONG		2	19 85	7 33 AM
ا گائِد	3. SE		4 RACE	,	S. DATE C		6 AGE IN YEAR	S LAST BIRTHDAY)		FUNDER 24 HRS
		Female	Whi	2	6	06 1892	92	YRS.		
97	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		Y? 8. MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
9/		Treland	U.	S.A.	WIDOWE			omery		MD.
90	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NUR	SING HOME	R OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING LI	126. KIND OF	BUSINESSOR
90		Olney	Sharon	Nursin	g Home		Homema		Home	
be	₩SU,	AL RESIDENCE (IF NURSING HOME COTATE 135, COL	OR OTHER INSTITUTION, C	INE RESIDENCE BEE		136. INSIDE CITY LIMITS?	13e. STREET AD	DRESS		
£ 5			nce Geor		ntwood	YES NO	4506	37th St.	20722	
160	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	MIDDLE	1457	
1500		Unknown	MIDDLE	Unknow	n	Unknown		MIDDIE	Unknown	
licol	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDRESS		
Z med		(IF YES, G	IVE WAR OR DATES!	215-50	-3386	Beatrice Fur	long. Sa	me as it		
ral.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one copse per l	ine for (0), (b),	ord (cl.)	0 0			BETWEENON	E INTERVAL
e ma			ATE CAUSE (0)	with	(tank	me any a	myserio	wen	56	MO.
ofic o			DUE TO, OF	AS CONSEC	DUENCE OF	her the	111 1	1	70/1	
traumal		Conditions, if ony, which								
		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A PONSE	DUENCE OF		11	V	1.0.	
ar ather	ш	underlying couse last.	(c)	MC	1/1/4	11 11	V	7	MXW	4
ny, a	7	PART 2 OTHER SIGNER CANT	CONDITIONS CO	NTRIBUTING T	7	. 1 . 1	MINAL DISPASE	R CONDITION GI	PHINDER	5 6
ar to	ě	00	JUNG	1 M	Onso	A a. W.		my)	Carlindray .	Day Ou
Sony	CERTIFICATION	THE DATE OF OPERATION	196 CONDIT	ION FOR WHI	OPERATIO	N WAS PERFORMED	200 AU ORS		S, WERE FILIDING FYING CALLSES O	
show -	RT				1		YES 🗆 🗸			NO 🗌
1 8 G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJORF IN ITEM 18	PART OR PART 2)	
Mentol Hygie or Item 18 sho	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.N		19					
	MED	216. INJURY OCCURRED	21e. PLACE O	ET, FACTORY, OFFIC	E FARM, ETC)	211 LOCATION		ITY OR TOWN	COUNTY	STATE
morked		AT WORK AT WORK				1 10 79	7	3/16	Of	_
Heo is m		220 I certify that (V) this has		deceased from	() L	, 19	, to	on the date and has		ot (I) (wa) last
1. at m 2.1		sow the deceased live o above, (I) (we) (dill) (did r	of wiew the body o	tel death.	9 0	, ,	death occurred t	on the date and not	-	uses stated
If Hem		22b. SIGNATURE	The .		la	DEGREE	MEDICAL	STAFF	SING	102
TANT: If I		and supplied the state of the s	MA		2	PHYSICIAN	DIRECTOR	PHYSICIAN [1911	101
RTA		224 PHYSICIANS NAME (TYPE		160		220 ADDRESS	1.10	1/2 /	1, 1/4	5885
with the State		C. H. L	1 1	MO			NILLA	211	My	, 5/0) 2
	. 23a. (BURIAL, CREMATION, REMOVA	2/22/19			EMETERY OR CREMATORY	23d. LOCA		COUNTY	STATE
		Durial	4/22/1	プロフ	Mt. OL:	Lvet Cemetery	Was	hington,	D.C.	

DHMH - 16 50M 4/82

(VRA 15, 4)

24 FUNERAL DIRECTOR JOSEPH Gawler's Sons Inc.
5130 Wisc. Ave., N.W. Wash., D.

Vashington, D.C.

Monthsolder, diagon unsite -cre J.J. CSPCS . #2 H#JE-->014 rylani stince contra inafiy u c. nio o in distribution and distribution a uril .on I are n'actime mease. 1 0 iso. we, H. . will, ...